

Application for DMV Select

Purpose: Complete this application to be considered as a potential DMV Select partner.

Instructions: Complete the application in its entirety. This application is a fillable PDF and can be submitted to selectserviceinquiry@dmv.virginia.gov or by mail to the address above, Attention: DMV Select Director.

After review of the applications, if the application meets the Agencies requirements, a member of our team will contact you within 10 business days.

A. APPLICANT NAME AND CONTACT INFORMATION

APPLICANT NAME	LICENSE NUMBER	DATE (mm/dd/yyyy)
HOME STREET ADDRESS		
EMAIL ADDRESS	PHONE NUMBER	

B. PROPOSED LOCATION INFORMATION

BUSINESS/LOCALITY NAME	
BUSINESS/LOCALITY PHYSICAL ADDRESS	
BUSINESS/LOCALITY EMAIL ADDRESS	BUSINESS/LOCALITY PHONE NUMBER
TYPE OF BUSINESS	CURRENT POSITION OR TITLE

C. SERVICE DETAILS

Does this location have a counter to serve customers?		How many employees would process DMV transactions? (minimum employees required, 2) .	
How many computers does this location have at its counter?		What hours of operation do you propose (minimum of 35 per week)?	
How many square feet of customer space does this location have, including its lobby?.....		Does this location have a locked room to secure DMV assets?	
Is this location ADA compliant? (If "yes" you are certifying the office(s) and immediate surrounding area, the parking lot, and all services to be provided are ADA compliant)			

D. CRIMINAL HISTORY BACKGROUND CHECK

The agency will complete a background check on the applicant if the applicant is selected to become a DMV Select agent. The agent will also be required to complete a criminal history background check on each employee who will access DMV's system. No one who accesses DMV's system may have a felony conviction on their record.

E. PURPOSE

DESCRIBE YOUR INTEREST IN BECOMING A DMV SELECT PARTNER

D. CERTIFICATION

I certify and affirm that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury. I agree and understand that knowingly making a false statement or representation on this form is a criminal violation and may cause forfeiture on my part of any contractual agreement with DMV. By signing this form, I authorize DMV to verify the information provided on this application. I understand that any and all information verified by DMV will be used in assessing my suitability for the matter for which I have applied.

OWNER/REPRESENTATIVE NAME (print)

OWNER/REPRESENTATIVE SIGNATURE

DATE (mm/dd/yyyy)