

Completion of this section is requested but not required to apply for a driver privilege card. (Virginia Code §2.2-3806)

Information for the Virginia Transplant Council

☐ Yes, I would like to become an organ, eye and tissue donor.



Virginia Department of Motor Vehicles  
Post Office Box 27412  
Richmond, Virginia 23269-0001  
www.dmv.virginia.gov

## DRIVER AND IDENTIFICATION PRIVILEGE CARD APPLICATION

DL 10 (07/01/2024)

LOG #

**Purpose:** Non-US citizens may use this form to apply for a Driver Privilege Card or Identification Privilege Card.

**Instructions:** Complete front and back of this application. Submit completed application and all required documents to any DMV Customer Service Center (CSC).

### APPLICATION TYPE

☐ Driver Privilege Card

☐ Learner's Permit and Driver Privilege Card

☐ Identification Privilege Card

#### Motorcycle Classification

☐ Maintaining current Virginia Motorcycle Classification

☐ Add, Upgrade or Transfer Motorcycle Classification or obtain Motorcycle Only Privilege Card. Additional testing may be required. Check applicable box below.

☐ M 2 (2 wheels)

☐ M 3 (3 wheels)

☐ M (both 2 and 3 wheels)

☐ Driver Privilege Card with Motorcycle Class (complete Motorcycle Classification section below)

☐ Motorcycle Only Driver Privilege Card (complete Motorcycle Classification section below)

☐ Motorcycle Learner's Permit (classification not applicable)

**Replacement Driver Privilege or Identification Card** (check one of the following): ☐ I am surrendering my current Driver/Identification Privilege Card.

I certify I cannot surrender my current Driver/Identification Privilege Card because it is: ☐ Lost ☐ Stolen ☐ Destroyed

### APPLICANT INFORMATION

**Note:** Your address must be current. The U.S. Postal Service will NOT FORWARD your Driver Privilege Card or Identification Privilege Card.

FULL LEGAL NAME (last, first, middle, suffix)

SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)

BIRTHDATE (mm/dd/yyyy)

PHONE NUMBER (optional)

SEX (check one)

☐ MALE ☐ FEMALE ☐ NON-BINARY

WEIGHT

HEIGHT

LBS. FT. IN.

EYE COLOR

HAIR COLOR

STREET ADDRESS

CITY

STATE

ZIP CODE

IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE

NAME OF CITY OR COUNTY OF RESIDENCE

☐ CITY ☐ COUNTY OF

MAILING ADDRESS (if different from above - this will show on your card/permit/ID)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

1. Do you wear glasses or contact lenses to operate a motor vehicle? ☐ YES ☐ NO
2. Do you have a physical or mental condition/impairment which requires that you take medication? If yes, please list the condition(s) and the name of the medication(s). ☐ YES ☐ NO
3. Have you ever had a seizure, blackout, or loss of consciousness? ☐ YES ☐ NO
4. Do you have a physical condition/impairment which requires you to use special equipment to drive? ☐ YES ☐ NO
5. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere? (**NOTE:** You do not need to disclose if your suspension, revocation or disqualification is due to a criminal conviction that has been expunged, or not subject to public disclosure.) ☐ YES ☐ NO

If you answered YES to any of the above provide an explanation here.

Do you currently hold or have you ever held a: ☐ Driver's License/Privilege Card ☐ ID Card ☐ Learner's Permit ☐ CDL

If so, provide the following:

LICENSE/ID CARD NUMBER

ISSUE DATE (mm/dd/yyyy)

EXPIRATION DATE (mm/dd/yyyy)

STATE/COUNTRY

### FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE

REQUIRED TESTS	PASS	FAIL	CUSTOMER NUMBER	TRANSACTION TYPE	FEE
VISION			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE	
DL ROAD SIGNS EXAM				<input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL	
DL KNOWLEDGE EXAM					
DL SKILLS					
MC KNOWLEDGE			CSR SIGNATURE	CSR LOGON ID	
MC SKILLS M2					
MC SKILLS M3					

**OPTIONAL SPECIAL INDICATORS**

OPTIONAL - Select relevant indicators below to show on your license, permit or ID card.

**MEDICAL INDICATORS**

- ☐ Insulin-dependent diabetic\*      ☐ Speech impairment\*      ☐ Hearing impairment\*      ☐ Traumatic brain injury (DL 145 required for license or permit. A physician statement required for ID card.)
- ☐ Autism spectrum disorder (ASD)\*      ☐ Blind or vision impairment (ID card only)\*      ☐ Intellectual disability (IntD)\*

\* Must submit required physician statement

**VETERAN INDICATOR**

☐ Add or keep the veteran indicator on my driver's license or identification card.      ☐ Remove the veteran indicator on my driver's license or identification card.

You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.

**BLOOD TYPE INDICATOR**

- ☐ Add or keep my blood type on my driver's license or ID card.      ☐ Remove my blood type from my driver's license or ID card.
- Select one: ☐ A+    ☐ B+    ☐ AB+    ☐ O+  
☐ A-    ☐ B-    ☐ AB-    ☐ O-

The blood type designation displayed on a Virginia DMV issued credential shall not create any liability on the part of the Commonwealth of Virginia. Any person or entity that takes action based on the blood type designation displayed shall indemnify and hold harmless the Commonwealth of Virginia pursuant to Va Code §§ 46.2-342, 46.2-345, 46.2-345.2, and 46.2-345.3.

**PARENT OR LEGAL GUARDIAN LICENSE CONSENT****Check applicable box, review certification statement, print your name and sign where indicated.**

- ☐ **I authorize issuance of a learner's permit/driver privilege card.** I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver privilege card. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.
- If the applicant attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.
- If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the learner's permit/driver privilege card. I certify that the statements made and the information submitted by me are true and correct.
- ☐ **I authorize issuance of an identification privilege card.** I certify that the applicant is a resident of Virginia. If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the identification card.
- I certify that the statements made and the information submitted by me are true and correct.

PARENT/GUARDIAN NAME (print)	PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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**APPLICANT UNDER AGE 18** Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state? ☐ YES ☐ NO  
If you answered YES, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/guardian resides must provide court consent below.

**COURT CONSENT** In my opinion the applicant's request for a learner's permit/driver privilege card ☐ should be granted. ☐ should not be granted.

JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)
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REMARKS:

**SELECTIVE SERVICE**

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

- ☐ I am already registered with Selective Service.
- ☐ I am a lawful non-immigrant on a current non-immigrant visa or a seasonal agricultural worker (H-2A Visa) and not required to register.
- ☐ I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below: I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign)      ☐ PARENT / GUARDIAN      ☐ JUDGE, JUVENILE DOMESTIC RELATIONS COURT      ☐ EMANCIPATED MINOR**NOTICE**

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, 46.2-328.3 and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, driver privilege card, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, driver privilege card, commercial driver's license or identification card previously issued by another state must be surrendered and will be canceled by the issuing state.

**CERTIFICATION**

I certify and affirm that I am not a citizen of the United States and that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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