Completion of this section is requested but not required to apply for an identification 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

DL 23 (07/01/2025)

LOG #

IDENTIFICATION PRIVILEGE CARD APPLICATION FOR MINORS UNDER AGE 15

Purpose: Non-US citizen minors under age 15 use this form to apply for an identification privilege card.

Instruction: To qualify for an identification privilege card for a minor, the applicant must be a Virginia resident under age 15 who has been claimed as a dependent on a Virginia tax filing in the past twelve months. Print in ink or type. Virginia Code requires that you provide DMV with the information on this form (including your social security number).

APPLICATION TYPE

☐ Original
☐ Renewal
☐ Replacement

If you are applying for a replacement ID Card check one of the following;

☐ I am surrendering my current ID Card.

☐ I certify my current ID Card is unavailable for surrender because it is: ☐ lost ☐ stolen ☐ destroyed/mutilated

APPLICANT INFORMATION

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD IDENTIFICATION PRIVILEGE CARDS.

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

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

BIRTHDATE (mm/dd/yyyy)	SEX (check one)	WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR
	☐ MALE ☐ FEMALE ☐ NON-BINARY	LBS.	FT. IN.		

STREET ADDRESS APT NO. CITY STATE ZIP CODE

TELEPHONE NUMBER (optional)	IF YOUR NAME HAS CHANGED, PRINT FORMER NAME HERE	NAME OF CITY OR COUNTY OF RESIDENCE
		☐ CITY ☐ COUNTY OF _____

MAILING ADDRESS (if different from above - this address will show on your ID card) APT NO. CITY STATE ZIP CODE

EMAIL ADDRESS (optional)

OPTIONAL SPECIAL INDICATORS

OPTIONAL - Select relevant indicators below to show on your card.

MEDICAL INDICATORS (Must submit required physician statement.)

☐ Insulin-dependent diabetic ☐ Speech impairment ☐ Hearing impairment ☐ Traumatic brain injury
☐ Autism spectrum disorder (ASD) ☐ Blind or vision impairment (ID card only) ☐ Intellectual disability (IntD) ☐ Non-apparent disability

BLOOD TYPE INDICATOR

☐ Add or keep my blood type on my ID card.
Select one: ☐ A+ ☐ B+ ☐ AB+ ☐ O+
☐ A- ☐ B- ☐ AB- ☐ O-

☐ Remove my blood type from my ID card.

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.

EMERGENCY CONTACT INFORMATION

Participation in the Emergency Contact Program is voluntary. If you choose to participate, emergency contact information will be added to your identification card record. This information will only be accessible to DMV and law enforcement. Add this information on page 2 of this form.

"Certification" section on the back of this form must be completed.

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE

CUSTOMER NUMBER	TRANSACTION TYPE	FEE	CSR SIGNATURE	CSR LOGON ID
	☐ ORIGINAL ☐ REISSUE ☐ DUPLICATE ☐ RENEWAL	HOMELESS YOUTH FEE WAIVER ☐		

EMERGENCY CONTACT INFORMATION (continued)

CONTACT 1

FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED
(Contact must be a person 18 years of age or older)

CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER ( )	
CONTACT STREET ADDRESS	CITY	STATE	ZIP CODE
COUNTRY	ARE YOU RELATED TO THE CONTACT? ☐ YES ☐ NO	SECONDARY TELEPHONE NUMBER	

CONTACT 2

FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED
(Contact must be a person 18 years of age or older)

CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER ( )	
CONTACT STREET ADDRESS	CITY	STATE	ZIP CODE
COUNTRY	ARE YOU RELATED TO THE CONTACT? ☐ YES ☐ NO	SECONDARY TELEPHONE NUMBER	

IMPORTANT INFORMATION IF PARTICIPATING IN EMERGENCY CONTACT PROGRAM

Please ensure the emergency contact information provided is up to date and accurate. Virginia DMV is not responsible for any errors in the information provided. In the event of an emergency, this contact information may be disclosed to emergency personnel. Per Virginia statute, DMV is immune from liability if the designated person(s) listed cannot be contacted.

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, 46.2-345, 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 an identification card may be denied. Upon issuance of an 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

☐ Parent/Legal Guardian, check the box if you give consent for this minor to become an organ, eye and tissue donor and for the Department of Motor Vehicles (DMV) to display this information on the identification privilege card.

I certify and affirm that my child is not a citizen of the United States and that they are 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 child's appearance, for purpose of my DMV photograph, is a true and accurate representation of how they 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.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)

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**