

Virginia's Emergency Contact Program gives law enforcement a way to notify your family or friends in the event of a serious crash or other emergency that leaves you unable to communicate.

Use this form to list up to two emergency contacts with the Virginia Department of Motor Vehicles (DMV).

The Emergency Contact Program is free and available to people with a valid Virginia driver's license, identification card, learner's permit, commercial driver's license, or temporary driver's license. Participation is voluntary.

To enroll a child under 15, a parent or guardian will need to first obtain a child ID card. Ask a customer service representative for more information or visit dmvNOW.com.

DMV will securely store your information and it will only be available for use by law enforcement in an emergency.



EMERGENCY CONTACT APPLICATION

APPLICANT INFORMATION				
APPLICANT FULL NAME (last, first, mi)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER	
ADD EMERGENCY CONTACT INFORMATION				
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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY TELEPHONE NUMBER	
CERTIFICATION				
I certify and affirm that I have notified or will notify my contacts that I have listed them with DMV as my emergency contacts. I understand that it is my responsibility to add, delete or change information with DMV concerning my emergency contacts.				
I further certify and affirm that I am a resident of Virginia and that all information presented in this application is true and correct. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation.				
APPLICANT SIGNATURE			DATE (mm/dd/yyyy)	
IMPORTANT INFORMATION				
The information provided on this form will overwrite any existing emergency contact information you may have on your record. Failure to complete this form in its entirety will result in no information being updated on your record. Please ensure the 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.				



DMV offers three ways to sign up or make changes to your emergency contact information:

- ▶ Online: Visit dmvNOW.com.
- ▶ In person: Visit any DMV customer service center or *DMV 2 Go* mobile office.
- ▶ By mail: Send the completed form to Data Integrity Work Center, Virginia DMV, P.O. Box 27412, Richmond, VA 23269.

PLACE
STAMP
HERE



Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

DMV 281 (12/06/2015)
© Commonwealth of Virginia,
Department of Motor Vehicles (DMV) 2015.
All rights reserved.



DMV
www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

Data Integrity Work Center
Department of Motor Vehicles
P.O. Box 27412
Richmond, VA 23269



EMERGENCY CONTACT PROGRAM

In case of an emergency, make sure a loved one is by your side.

Sign up now for Virginia's Emergency Contact Program.

