

ESCORT VEHICLE DRIVER CERTIFICATION APPLICATION

Purpose: Use this form to apply for certification to escort vehicles of excessive size or weight.

Instructions: Print legibly in black or blue ink.

Original or Renewal Certification Requests/fee must be submitted to any Virginia DMV Customer Service Center.

Action Requests/fee may be submitted to any Virginia DMV Customer Service Center or to the Hauling Permit Office at the address above.

Note: Va. Code §46.2-2906 (B) requires that you provide DMV with the information on this form (including your social security number). This social security number is for record keeping purposes and may be disseminated only in accordance with Va. Code §§46.2-208 and 46.2-209.

ELIGIBILITY REQUIREMENTS

- be at least 18 years of age
- hold a valid driver's license
- satisfactory proof of successful completion of an 8-hour escort vehicle driver training course approved by Virginia DMV

CERTIFICATION REQUEST

- Original Certification (\$25 fee)

 Renewal Certification (\$25 fee)

Applicant for an original or renewal certification must submit the completed application to any Virginia DMV Customer Service Center, pass the escort vehicle driver certification knowledge test, and pay the fee for certificate issuance.

ACTION REQUEST

- Duplicate Certificate - lost, mutilated, damaged, stolen (\$15 fee)

 Reissue Certificate - change of name, driver's license number and/or driver's license issue state (\$15 fee)

 Change of address or contact information (No fee)

Applicant for a duplicate, reissue or update may submit the completed application to any Virginia DMV Customer Service Center or mail the completed application and fee to the attention of the Hauling Permit Office at the address above for processing.

APPLICANT INFORMATION

APPLICANT FULL LEGAL NAME (print) (last,first,mi)			TELEPHONE NUMBER
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER (as it appears on your license)	STATE/PROVINCE (that issued your driver license)
SOCIAL SECURITY NUMBER		EMAIL	
PHYSICAL ADDRESS (include street name, number, apartment number, rural delivery) <input type="checkbox"/> CHECK IF PHYSICAL ADDRESS HAS CHANGED			
CITY	STATE	ZIP CODE	JURISDICTION (CITY, COUNTY, TOWN)
MAILING ADDRESS OR P. O. BOX (where your mail is delivered) <input type="checkbox"/> CHECK IF MAILING ADDRESS HAS CHANGED			
CITY	STATE	ZIP CODE	JURISDICTION (CITY, COUNTY, TOWN)

APPLICANT CERTIFICATION

I certify that I currently hold a valid driver's license that is not expired, suspended, revoked or canceled in any state and hereby authorize DMV to review my driving record.

I further certify and affirm that all information presented in this form 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 and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE (sign full legal name) _____ DATE (mm/dd/yyyy) _____

DMV USE ONLY

DRIVER'S LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	ISSUE STATE	CSC LOCATION CODE	CSR STAMP
CSC NAME (print)			CONTACT TELEPHONE NUMBER	
CSR NAME (print)			CSC FAX NUMBER	
TRAINING SITE CODE	TEST DATE(mm/dd/yyyy)	TEST RESULTS <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REEXAM		
CERTIFICATION REQUEST FEE <input type="checkbox"/> ORIGINAL \$25 <input type="checkbox"/> RENEWAL \$25 <input type="checkbox"/> REEXAM \$2		ACTION REQUEST FEE <input type="checkbox"/> DUPLICATE \$15 <input type="checkbox"/> REISSUE \$15 <input type="checkbox"/> UPDATE (no fee)		