VEHICLE ESCORT DRIVER APPLICATION

HP 404 (03/15/2006)

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

Purpose: Use this form to apply to become a certified vehicle escort driver.

Instructions: Print with blue or black ink. Bring the completed application to any DMV customer service center. You must be at least 18 years of age, show your valid driver's license, and pass an Escort Driver Certification exam.

To apply for a replacement of your certificate or to change your name and/or address on your certificate, mail the completed form to: DMV Hauling Permit Section, P.O. Box 26302, Richmond, VA 23260.

ACTION REQUIRED

☐ Original Certification ☐ Renewal ☐ Replace Certificate ☐ Change Information

APPLICANT INFORMATION

APPLICANT'S NAME (last) (first) (mi)			HOME TELEPHONE NUMBER ( )
BIRTH DATE (mm/dd/yyyy)	GENDER ☐ Male ☐ Female	SOCIAL SECURITY NUMBER	WORK TELEPHONE NUMBER ( )
DRIVER'S LICENSE NUMBER (as it appears on your license)		STATE/PROVINCE (that issued your driver's license)	
PHYSICAL ADDRESS (include street name, number, apartment number, rural delivery)			
CITY OR TOWN	STATE	ZIP CODE	COUNTY
MAILING ADDRESS OR P. O. BOX (where your mail is delivered)			
CITY OR TOWN	STATE	ZIP CODE	COUNTY

INFORMATION CHANGE

ADDRESS CHANGE ☐ Physical Address ☐ Mailing Address	ADDRESS		
CITY OR TOWN	STATE	ZIP CODE	COUNTY
NAME CHANGE (print your new name here)			
OTHER CHANGE (print corrected information here)			
REASON FOR CHANGE			

CERTIFICATION

I certify that the information I have given on this application is true to the best of my knowledge. I certify that I am the holder of a valid driver's license that is not suspended or revoked.

APPLICANT'S SIGNATURE (Sign full legal name.)	DATE (mm/dd/yyyy)

DMV USE ONLY

DRIVER'S LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	ISSUING STATE	VERIFIED BY
TEST RESULTS ☐ PASS ☐ FAIL	OFFICE		DATE (mm/dd/yyyy)