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DL5 (Rev. 02/98)

**IDENTIFICATION CARD APPLICATION FOR MINORS UNDER AGE 15**

**Applicants 15 years of age or older use the Driver's License, Identification Card, and Voter Registration Application.**

PLEASE PRINT IN INK OR TYPE

<b>ELIGIBILITY REQUIREMENTS:</b>	• Virginia Residency	• Under Age 15	• Pay \$5.00 Fee
<input type="checkbox"/> Check box if you want minor's social security number to be on the ID card. (If so, proof of social security number is required. )			
<input type="checkbox"/> Parent/Legal Guardian, check box if you want minor to be an organ donor. I give consent for this minor to be an organ donor and for DMV to display this information on the identification card.			
Parent/Legal Guardian's Name <i>(Please Print)</i>	Parent/Legal Guardian's Signature	Date	
		____ / ____ / ____ M M D D Y Y	

**APPLICANT INFORMATION**

Social Security Number <i>(Optional)</i>		Date of Birth		Sex	
		____ / ____ / ____ M M D D Y Y			
Full Legal Name		First	Middle	Last	
Residence Address					
City			State	Zip Code	
Previous Name <i>(If changed)</i>			Daytime Telephone Number		
			(      )		
Mailing Address <i>(If different from above)</i>					
City			State	Zip Code	
City or County of Residence		Weight	Height		Hair Color
			Ft.	In.	

**CERTIFICATION**

*I certify that my child/ward is a resident of Virginia and is the person described above, and that all information given in this application is true and correct to the best of my knowledge. I understand that it is unlawful for any applicant to knowingly make a false statement on an application or to falsely certify to Virginia residency. Any violation will be punishable as a Class 2 misdemeanor. However, if fraud is committed with the intent to purchase a firearm, a violation will be punishable as a Class 4 felony.*

Parent/Legal Guardian's Signature	Date
	____ / ____ / ____ M M D D Y Y

Disclosure of the social security number is required ONLY if you choose to use it as the number on the identification card. The information provided on this application is for DMV's record-keeping purposes and may be disseminated in accordance with §46.2-345.

**FOR DMV USE -- DO NOT WRITE BELOW THIS LINE****PROOF OF ID/SOCIAL SECURITY NUMBER:**

- |                                                         |                                                                          |
|---------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Social Security Card _____     | <input type="checkbox"/> Passport Number _____                           |
| <input type="checkbox"/> Birth Certificate Number _____ | <input type="checkbox"/> US Immigration Resident Alien Card Number _____ |
| <input type="checkbox"/> Military ID Number _____       | <input type="checkbox"/> Other _____                                     |

Enter control number, if applicable

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REMARKS/PAID STAMP

AUDIT CLERK'S INITIALS

FEE