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DL5 (Rev. 05/03)

**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
<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 (Please Print)		Parent/Legal Guardian's Signature		Date

**APPLICANT INFORMATION**

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

**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
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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:**

- Social Security Card \_\_\_\_\_
  Passport Number \_\_\_\_\_  
 Birth Certificate Number \_\_\_\_\_
  US Immigration Resident Alien Card Number \_\_\_\_\_  
 Military ID Number \_\_\_\_\_
  Other \_\_\_\_\_

Enter control number, if applicable	REMARKS/PAID STAMP	AUDIT CLERK'S INITIALS									
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