

**VIRGINIA VETERANS  
 IDENTIFICATION CARD APPLICATION**

**Purpose:** Virginia veterans use this form to apply for a Commonwealth of Virginia Veterans Identification Card.  
**Instructions:** Print in ink or type. Submit completed form DL 11 with copy of a veteran service proof document and necessary fee by MAIL to Driver Support Work Center at the above address, FAX to (804) 367-1112 or visit any DMV customer service center. To pay by charge card submit a completed Credit Card Charge Authorization (FMS 99) form.

**NOTE:** ID card will be mailed to the address currently shown on your DMV record. To change or correct your address, submit Address Change Request (ISD 01) form.

**ELIGIBILITY REQUIREMENTS**

To qualify for a Virginia Veterans Identification Card, the applicant must:

- be a Virginia resident,
- hold an unexpired Virginia License/Learner's Permit or Identification Card,
- have served in the U.S. Armed Forces and received a discharge status other than dishonorable and,
- present a photocopy of a veteran service proof document (eg. DD-214, DD 256 or WD AGO forms).

When you submit this application for a Virginia Veterans Identification Card, you give consent for the information on this form - and any subsequent address change you make - to be shared with the Virginia Department of Veterans Services.

**APPLICANT INFORMATION**

FULL LEGAL NAME(print) (last)				(first)	(middle)	(suffix)	
DMV CUSTOMER NUMBER (from VA CDL/driver's license/learner's permit/ID card)			BIRTHDATE (mm/dd/yyyy)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
EMAIL ADDRESS						TELEPHONE NUMBER (      )	

**MILITARY SERVICE INFORMATION**

SERVICE BRANCH (check one)					DISCHARGE DATE (mm/dd/yyyy)		
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> ARMY	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY			

**CERTIFICATION**

I 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 on this form is a criminal violation.

Furthermore, I understand that DMV will share the information I have provided on this form with the Virginia Department of Veterans Services (DVS) and I consent to this sharing of my information. I also understand that any address change information I provide to DMV at any time in the future also will be shared with DVS and I consent to such future sharing of my address information.

APPLICANT SIGNATURE		DATE (mm/dd/yyyy)
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**DMV USE ONLY**

SPECIFY THE VETERAN SERVICE PROOF DOCUMENT AND INDICATE CHARACTER OF SERVICE/DISCHARGE STATUS. (If DISHONORABLE is indicated on the document, do not issue ID card.)		PAID STAMP
<input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> GENERAL <input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER THAN HONORABLE		
CSR NAME (print)		
CSR SIGNATURE		DATE (mm/dd/yyyy)