

EMERGENCY CONTACT APPLICATION

PURPOSE: Use this form to add, change or delete emergency contact information on your driver's license or identification card record. This information is only accessible to DMV and law enforcement.

INSTRUCTIONS: Participation is voluntary. You must currently hold a learner's permit, temporary driver's license, driver's license, commercial driver's license, or identification card to submit emergency contact information. If you choose to participate, you can add, change or delete emergency contact information online at dmVNOW.com. You can also complete the information below and submit it to any DMV customer service center or mail it to the Data Integrity Work Center at the address above.

APPLICANT INFORMATION		
APPLICANT FULL NAME (last, first, mi)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER

DELETE EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> DELETE EMERGENCY CONTACT 1	<input type="checkbox"/> DELETE EMERGENCY CONTACT 2

ADD/CHANGE EMERGENCY CONTACT INFORMATION			
CONTACT 1	REQUEST TYPE		
	<input type="checkbox"/> ADD INFO <input type="checkbox"/> CHANGE INFO		
	FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED (Contact must be a person 18 years of age or older)		
	CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER
	CONTACT STREET ADDRESS	CITY	STATE ZIP CODE
COUNTRY	ARE YOU RELATED TO THE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY TELEPHONE NUMBER	
CONTACT 2	REQUEST TYPE		
	<input type="checkbox"/> ADD INFO <input type="checkbox"/> CHANGE INFO		
	FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED (Contact must be a person 18 years of age or older)		
	CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER
	CONTACT STREET ADDRESS	CITY	STATE ZIP CODE
COUNTRY	ARE YOU RELATED TO THE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY TELEPHONE NUMBER	

CERTIFICATION	
I certify and affirm that I have notified or will notify my contacts that I have listed them with DMV as my emergency contacts. I understand that it is my responsibility to add, delete or change information with DMV concerning my emergency contacts.	
I further certify and affirm that I am a resident of Virginia and that all information presented in this application is true and correct. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation.	
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

IMPORTANT INFORMATION
The information provided on this form will overwrite any existing emergency contact information you may have on your record. Failure to complete this form in its entirety will result in no information being updated on your record. Please ensure the information provided is up to date and accurate. Virginia DMV is not responsible for any errors in the information provided. In the event of an emergency, this contact information may be disclosed to emergency personnel. Per Virginia statute, DMV is immune from liability if the designated person(s) listed cannot be contacted.