

SPECIAL COMMUNICATION NEEDS INDICATOR APPLICATION

Purpose: The use of this form is to authorize a change to a motor vehicle record only. By using this form, you are authorizing the addition or removal of a communication impairment indicator for criminal justice agency use only.

Instructions: Complete this form and return to your local DMV or mail to the attention of Special Registration at the address above.

Va. Code § 46.2-600.1 defines a disability that can impair communication as a condition with symptoms that can impair the ability of a person with such condition to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems, including autism spectrum disorders as defined in Va. Code § 38.2-3418.17 and hearing loss.

This voluntary indicator will inform agents of criminal justice agencies that a vehicle owner or a person who regularly occupies their vehicle has a disability that can impair communication.

SECTION A. APPLICANT INFORMATION

To be completed by the vehicle owner:

OWNER FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER	DMV ID/FEIN/SSN
ADDRESS	CITY	STATE	ZIP CODE

SECTION B. VEHICLE INFORMATION

Use this section to identify vehicles to add or remove indicator.

Select One: Adding Indicator Removing Indicator Adding Indicator to **ALL** Vehicles Removing Indicator From **ALL** Vehicles

No additional information is required if selecting **ALL** vehicles.

Add Indicator	Remove Indicator	Title Number	Year	Make	Plate	Last 4 Digits of VIN
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

SECTION C. CERTIFICATION

I am the vehicle owner and authorize, and consent to the release of my communication impairment information to employees and agents of criminal justice agencies as defined in Virginia Code § 9.1-101.

I am the vehicle owner who has a communication impairment authorizes and consents to the release of my communication impairment information to employees and agents of criminal justice agencies as defined in Virginia Code § 9.1-101.

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

The adult occupant, parent, legal guardian of an individual who regularly occupies the vehicle(s) listed above and who has a communication impairment authorizes and consents to the release of their communication impairment information to employees and agents of criminal justice.

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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