



**GOVERNMENT
OF
THE VIRGIN ISLANDS OF THE UNITED STATES OFFICE OF THE
GOVERNOR
BUREAU OF MOTOR VEHICLES**

DISABLED PERSON IDENTIFICATION CARD APPLICATION FORM



APPLICANT INFORMATION					
Name:					
Date of Birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Gender:					
Weight:		Eye Color:		Hair Color:	
Height:		Blood Type:			
Place of Birth:			Phone #:		
<input type="checkbox"/> Organ Donor			Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MAILING ADDRESS (IF DIFFERENT)					
Mailing Address:					
Allergies:			Email Address:		
PLEASE CHECK ALL THAT APPLY					
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> MENTAL		<input type="checkbox"/> VISUAL	
<input type="checkbox"/> DEVELOPMENTAL		<input type="checkbox"/> HEARING			
WARNING					
<p>UNDER TITLE 20, SECTION 548 VIC, IT IS IN VIOLATION "TO USE FALSE OR FICTITIOUS NAMES ON ANY APPLICATION FOR A DRIVER'S LICENSE OR IDENTIFICATION CARD, OR KNOWINGLY TO MAKE FALSE STATEMENT, KNOWINGLY TO CONCEAL A MATERIAL FACT OR OTHERWISE COMMIT A FRAUD IN ANY SUCH APPLICATION."</p>					
MINOR CONSENT					
<p>TO TITLE 20, SECTION 374, SUB-DIVISION OF THE VIRGIN ISLANDS CODE, BEING THE PARENT, GUARDIAN OR OTHER PERSON RESPONSIBLE FOR THE CARE, CUSTODY OR CONTROL OF A MINOR (UNDER THE AGE OF 18), I HEREBY GIVE MY CONSENT TO THE U.S. VIRGIN ISLANDS BUREAU OF MOTOR VEHICLES FOR THE ISSUANCE TO THE SAID MINOR OF AN IDENTIFICATION CARD.</p>					
Signature of Parent/ Guardian: _____				Date: _____	
Signature of Applicant:			Date:		

License or Identification pictures are not taken with exposed shoulders or spaghetti strapped clothing.

For more information, please call the St. Thomas BMV at (340) 774-4268, the St. Croix BMV at (340) 713-4268 or the St. John BMV at (340) 776-6262



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In order to obtain a Disabled Person's ID (Initial, duplicate or renewal)

The following original documents are required:

1 Identification **Bring one (1):**

- Certified U.S. birth certificate
- Valid, unexpired, U.S. passport
- Certificate of naturalization
- Certificate of Citizenship
- Consular proof of birth abroad
- Alien registration receipt card (green card, **form I-551**)
- Work Authorization Permit Card

Name Change (if applicable)

- Original or certified copy of all marriage certificates or court orders that show your name change(s) including Divorce Decrees. (Uncertified photo copies are not valid)

2 Social Security Number (SSN) – (all nine (9) digits must appear on the document)

Bring one (1):

- Social Security Card
- DD 214
- SSA 1099
- NON-SSA 1099
- Stamped IRB Income Tax Return

3 Residential Address (NOT post office box)

Bring one (1):

- Deed, mortgage, payment booklet, or notarized rental agreement
- Utility bill or hookup/work order
- Home Insurance Statement
- Property tax statement
- Notarized statement from person you live with along with one address document (see above) in that person's name

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Physician's certification form:

- BMV Form 2019-03A completed by a specialized licensed physician in his or her respective field of medical practice who will determine and certify the presence of disabilities stated in BILL NO. 29-0298.

No Pictures (photographs) are taken at the Bureau of Motor Vehicles with head coverings. Applicant must provide a written request on official letterhead from their religious institution to the Bureau of Motor Vehicles in order for this exception to be considered and/or granted. Identification pictures are not taken with exposed shoulders or spaghetti strapped clothing.