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

APPLICATION FOR FIRST TIME VI DRIVER'S LICENSE MEDICAL FORM

(PRINT) FIRST NAME	MIDDLE NAME	LAST NAME
XC	X	

RESIDENCE ADDRESS		MAILING ADDRESS	
STREET: VCXZ		ADDRESS: XZ	
CITY: ZZCX	ZIP: CXZZ	CITY: XCX	ZIP:

BIRTH DATE	SOCIAL SECURITY NUMBER	EMAIL ADDR.: Zz
____/____/____	____ ____ zxzz	PHONE #: CX

SEX	BLOOD TYPE	ORGAN DONOR	GLASSES
C		☐ YES ☐ NO	☐ YES ☐ NO

HEIGHT	WEIGHT	EYE COLOR: C	PLACE OF BIRTH
C FT C IN	____ LBS	HAIR COLOR: C	C

MILLITARY DRAFT REGISTRATION

"BY SUBMITTING THIS APPLICATION, I AM CONSENTING TO REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM, IF SO REQUIRED BY FEDERAL LAW. IF UNDER (18) YEARS OF AGE, I UNDERSTAND THAT I WILL BE REGISTERED AS REQUIRED BY FEDERAL LAW WHEN I ATTAIN EIGHTEEN (18) YEARS OF AGE. "

WARNING

UNDER TITLE 20, SECTION 548 VIC, IT IS IN VIOLATION "TO USE FALSE OR FICTITIOUS NAMES IN ANY APPLICATION FOR A DRIVER'S LICENSE OR IDENTIFICATION CARD, OR KNOWINGLY TO MAKE A FALSE STATEMENT, KNOWINGLY CONCEAL A MATERIAL FACT OR OTHERWISE COMMIT A FRAUD IN ANY SUCH APPLICATION."

_____ Signature

_____ Date

No appointment will be given by phone. Cancellation must be made within 48 hours prior to the test date by phone or in person. If test is not canceled, payment will be required for a new appointment.
Please bring your own vehicle (NO RENTAL) proceed to the BMV with a driver who has a valid V.I. Driver's License.
Emergency brake must be in the center of the vehicle.
TO CANCEL CALL 340-713-4268 WITHIN 48 HOURS

For BMV Office Use ONLY.

	Receipt Number	Appointment Date	Time	Authorized	Date
Written Test / Road Test					
Written Test / Road Test					
Written Test / Road Test					
Written Test / Road Test					

INFORMATION ON THE BACK TO BE FILLED OUT BY A LICENSED PHYSICIAN

POLICE DEPARTMENT

MEDICAL EXAMINATION

INFORMATION TO BE FILLED OUT AND SIGNED BY A LICENSED PHYSICIAN

DOES THE APPLICANT SUFFER FROM: Epilepsy? [ ] Excessively high blood pressure? [ ] Diabetic? [ ] Bright's disease? [ ] Fainting spells? [ ] Any heart ailment? [ ] Is the applicant crippled in any manner? [ ] Is his hearing defective? [ ] Has he any mental illness? [ ] Been confined to any hospital, public or private institution for mental illness? [ ] Suffered any physical disability? [ ] Suffered a physical deformity or the loss of leg, arm, hand or foot? [ ] Suffered a stroke? [ ] Active rheumatic fever? [ ] Hypertension with complications? [ ]

CONCLUSION: I am of the opinion that the referred to applicant has met the physical requirements for a driver's license for private vehicle [ ]; public vehicle [ ]; commercial vehicle [ ]; neither [ ].

SIGNATURE OF MEDICAL EXAMINER

VISUAL EXAMINATION

V R.E. 20/ (Without glasses)
L.E. 20/ (Without glasses)

V R.E. 20/ (With glasses)
L.E. 20/ (With glasses)

Visual Field in Horizontal Meridian:

V R.E.: degrees
L.E.: degrees

NOTES:

The following are recommendations for the minimal visual standards for public transportation and/or operators:

A. A correctable visual acuity to 20/30 Snellen in each eye. If corrective glasses are required for obtaining visual acuity of 20/30, unbreakable glasses or an extra pair of glasses should be mandatory.

B. Form fields of 70 degrees in the horizontal meridian with each eye and 140 degrees in the horizontal meridian with both eyes.

The following are recommended as the minimal requirements for private car operators:

A. A correctable visual acuity to 20/40 Snellen in one (the better) eye.

B. Form fields of 70 degrees in the horizontal meridian in each eye and 140 degrees in the horizontal meridian eye.

C. Re-examination of eyes every three years.

CONCLUSION: I am of the opinion that the referred to applicant has met the physical requirements for a driver's license for private vehicle [ ] public vehicle; [ ]; commercial vehicle [ ]; neither [ ]

SIGNATURE OF MEDICAL EXAMINER

TO APPLICANT:

Private License [ ]
Public License [ ]
Commercial License [ ]

(Please indicate type of License desired)