



BUREAU OF MOTOR VEHICLES



Limited Purpose DRIVER'S LICENSE Application

Act 8790

Proof of 180 Days (or more) of Residency Required

{Please Complete All sections of the Form}

APPLICANT INFORMATION					
First:		Middle:		Last:	
Date of Birth:		SSN:		Phone#:	
Weight:	Eye Color:	Hair Color:	Height:	Blood Type:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> X: <input type="checkbox"/>
Place of Birth:					
Do you own/share ownership have previously owned/shared ownership of a vehicle in the US. Virgin Islands? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			VIN #:		
Allergies:			Is Veteran Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Is Organ Donor Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Has Glasses Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CURRENT ADDRESS					
Residence Address - Street:					
City:			State:	ZIP Code:	
Mailing Address:					
City:			State:	ZIP Code:	
Email Address:					
DRIVER'S LICENSE INFORMATION & RENEWAL TRANSFER					
Current License #:		Place & Date Issued:		Expiration Date:	
Class of License:	Driving Restrictions:		Motorcycle: <input type="checkbox"/>	Heavy Equipment: <input type="checkbox"/>	School Bus: <input type="checkbox"/>
DISCLAIMERS					
WARNING					
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."					
MILITARY 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."					
Signature of Applicant:				Date:	



All documents from foreign countries must be translated in English and notarized by a translator or have an official stamp/seal from the issuing country. For the Limited Purpose DL, a Criminal Record Check is required.

PLEASE READ THE INFORMATION ON THE BACK OF THIS FORM



For appointments and more information go to the Website: https://bmv.vi.gov/

Or Contact your local BMV office: St. Croix (340) 713-4268 | St. Thomas (340) 774-4268 | St. John (340) 776-6262

| Find us on Facebook: www.facebook.com/BMV.USVI/



Contact Center

US. VIRGIN ISLANDS LIMITED PURPOSE DRIVER'S LICENSE REQUIRED DOCUMENTS

USVI Limited Purpose DL	Primary	Secondary
<p>IDENTIFICATION</p> <p><i>One (1) is required from Primary. or Two (2) documents are required from Secondary; one must be an ID with a photo.</i></p>	<ul style="list-style-type: none"> ○ Valid, unexpired passport issued by the applicant's country of citizenship, or expired passport up to 2-years prior to application date. ○ Work Authorization permit card with I-797 or other immigration correspondence 	<ul style="list-style-type: none"> ○ Valid, unexpired motor vehicle operator's license, with security features, issued by another state or country. ○ Valid national identification card. ○ Original birth certificate with a raised seal issued by the applicant's country. ○ Individual Taxpayer Identification Number from the IRB ○ Verifiable W-2 or 1099 ○ Social Security Card ○ SSA 1099
<p>SOCIAL SECURITY VERIFICATION</p>	<p><i>No Social Security verification is required for Limited Purpose DL</i></p>	<ul style="list-style-type: none"> ○ Non SSA 1099 ○ DD 214 ○ Stamped IRB Income Tax Return ○ Voter's Identification Card ○ Senior Identification Card
<p>CURRENT RESIDENTIAL ADDRESS</p> <p>In order to qualify you must show Proof of Residency of 180 Days or more</p> <p><i>Limited Purpose DL, one (1) is required from Primary. or Two (2) documents from <u>different</u> sources are required from Secondary.</i></p>	<ul style="list-style-type: none"> ○ Deed, Mortgage Payment/Booklet, or Notarized Rental Agreement ○ Utility Bill Showing the Physical Address ○ Homeowners Insurance Statement ○ Notarized Statement from Person with Whom the Applicant Resides, along with ○ One (1) Address Document Listed above, which is in that Person's Name. <p><i>Vehicle Insurance Card is <u>NOT</u> Accepted.</i></p>	<ul style="list-style-type: none"> ○ Dated utility or medical bill. ○ Dated bank or credit card statement or transaction, including the bank's name and mailing address. ○ Pre-printed pay stub ○ IRB stamped tax bill dated not less than twelve before the date of application. ○ A current homeowner's insurance or renter's insurance policy or motor vehicle insurance card or policy ○ Residential contracts such as a mortgage or lease showing signatures from all parties needed to execute the agreement dated not less than twelve months before the application. ○ Postmarked mail from the government or a utility company dated not less than twelve months before the application. ○ A change of address confirmation from the United States Postal Service indicating an applicant's current and prior address ○ A survey of an applicant's real property issued by a licensed surveyor. ○ An official school record showing enrollment, dated up to 12 twelve months prior to application date. ○ Notarized affidavit from two persons attesting proof of residency ○ Vehicle Certificate of Title or Vehicle Registration

FOR DL CONVERSION ONLY: Valid & unexpired License, complete Certified Medical Form & Written Exam, Driving verification/history from issuing country in English.

FOR APPLICANTS WITH NO DL: Complete Certified Medical Form, Written Exam, Road Test.