



BUREAU OF MOTOR VEHICLES



Limited Purpose IDENTIFICATION CARD 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: | | | VIN #: | | |
| 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"/> | | | | | |
| Allergies: | | | Is Veteran | Is Organ Donor | Has Glasses |
| | | | Yes: <input type="checkbox"/> | Yes: <input type="checkbox"/> | Yes: <input type="checkbox"/> |
| | | | No: <input type="checkbox"/> | No: <input type="checkbox"/> | No: <input type="checkbox"/> |
| CURRENT ADDRESS | | | | | |
| Residence Address - Street: | | | | | |
| City: | | | State: | ZIP Code: | |
| Mailing Address: | | | | | |
| City: | | | State: | ZIP Code: | |
| Email Address: | | | | | |
| IDENTIFICATION CARD INFORMATION & RENEWAL | | | | | |
| First Initial ID: <input type="checkbox"/> | | Current ID #: | | Date Issued: | Expiration Date: |
| 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." | | | | | |
| MINOR CONSENT | | | | | |
| 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. | | | | | |
| Parent Guardian Name: _____ | | Signature: _____ | | Date: _____ | |
| 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 IDENTIFICATION CARD REQUIRED DOCUMENTS

| USVI Limited Purpose ID CARD | Primary | Secondary |
|--|---|--|
| <p align="center">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 (up to 3-year license issued) | <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 ○ Verifiable W-2 or 1099 ○ Social Security Card ○ SSA 1099 ○ Non SSA 1099 ○ DD 214 ○ Stamped IRB Income Tax Return ○ Voter's Identification Card ○ Senior Identification Card |
| <p align="center">SOCIAL SECURITY VERIFICATION</p> | <p align="center"><i>No Social Security verification is required for Limited Purpose Identification Card</i></p> | |
| <p align="center">CURRENT RESIDENTIAL ADDRESS</p> <p>In order to qualify you must show Proof of Residency of 180 Days or more</p> <p><i>One (1) is required from Primary.</i></p> <p align="center">or</p> <p><i>Two (2) documents from different 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 align="center"><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. |



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