

LICENSE, ID CARD AND RECORDS PAYMENT AUTHORIZATION

Purpose: Customers fax this form to DMV for payment authorization.

Instructions: **Do not mail this form.** Fax the completed form to the applicable fax number listed in the Transaction/Fax Information section.

CUSTOMER INFORMATION				
NAME			DRIVER LICENSE/CUSTOMER NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE (required)	BIRTH DATE (mm/dd/yyyy)

PAYMENT AUTHORIZATION			
CREDIT CARD (check one) <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	NAME APPEARING ON CREDIT CARD	DAYTIME TELEPHONE NUMBER	AMOUNT TO BE CHARGED \$
CREDIT CARD NUMBER		EXPIRATION DATE (mm/yy)	
I authorize DMV to charge the credit card account listed.		CARD HOLDER SIGNATURE	DATE (mm/dd/yyyy)

TRANSACTION/FAX INFORMATION					
Identify the applicable work center for the transaction you are completing and fax this completed form to the number provided.					
License and ID Work Center Fax Number: (804) 367-1112	Customer Records Work Center Fax Number: (804) 367-6710				
Driver's License (include Form DL 1P - Driver's License and Identification Card Application) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;">RENEWAL</td> <td style="text-align: center;">REPLACEMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	RENEWAL	REPLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	Driving Record - (include Form CRD 93 - Information Request)
RENEWAL	REPLACEMENT				
<input type="checkbox"/>	<input type="checkbox"/>				
CDL License (include Form DL 1P - Driver's License and Identification Card Application) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;">RENEWAL</td> <td style="text-align: center;">REPLACEMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	RENEWAL	REPLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Record - (include Form CRD 93 - Information Request)
RENEWAL	REPLACEMENT				
<input type="checkbox"/>	<input type="checkbox"/>				
Identification Card (include Form DL 1P - Driver's License and Identification Card Application) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;">RENEWAL</td> <td style="text-align: center;">REPLACEMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	RENEWAL	REPLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	Police Crash Report - (include Form CRD 93 - Information Request)
RENEWAL	REPLACEMENT				
<input type="checkbox"/>	<input type="checkbox"/>				
Veterans Identification Card (include DL 11 - Virginia Veterans Identification Card Application) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;">ORIGINAL</td> <td style="text-align: center;">REPLACEMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	ORIGINAL	REPLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	
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