



Virginia Department of Motor Vehicles  
 Post Office Box 27412  
 Richmond, Virginia 23269-0001  
 www.dmv.virginia.gov

## Application for DMV Select

**Purpose:** Complete this application to be considered as a potential DMV Select partner.

**Instructions:** Complete the application in its entirety. This application is a fillable PDF and can be submitted to [selectserviceinquiry@dmv.virginia.gov](mailto:selectserviceinquiry@dmv.virginia.gov) or by mail to the address above, Attention: DMV Select Director.

After review of the applications, if the application meets the Agencies requirements, an assessment will be conducted and could take up to 90 days. Once the assessment is completed a member of our team will contact you.

### A. APPLICANT NAME AND CONTACT INFORMATION

APPLICANT NAME	LICENSE NUMBER	DATE (mm/dd/yyyy)
HOME STREET ADDRESS		
EMAIL ADDRESS	PHONE NUMBER	

### B. PROPOSED LOCATION INFORMATION

Must be located and operate in the Commonwealth of Virginia.

BUSINESS/LOCALITY NAME	
BUSINESS/LOCALITY PHYSICAL ADDRESS	
BUSINESS/LOCALITY EMAIL ADDRESS	BUSINESS/LOCALITY PHONE NUMBER
TYPE OF BUSINESS	CURRENT POSITION OR TITLE

### C. SERVICE DETAILS

Does this location have a counter to serve customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many employees would process DMV transactions? (minimum employees required, 2)	
How many computers does this location have? Computers must have at least 8GB of RAM and Windows 10.	
What hours of operation do you propose (minimum of 35 per week)?	
How many square feet of customer space does this location have, including its lobby?	
Does this location have a locked room and a safe to secure DMV assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this location ADA compliant? - If 'yes', you are certifying the office(s) and immediate surrounding area, the parking lot, and all services provided to be ADA compliant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this location currently handle cash? - Are cash tills (drawers) lockable, with each drawer having a separate key?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this location have a printer (HP M611) with capabilities to include network and 3 trays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this location provide PC support for computers, printers and credit card machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### D. CRIMINAL HISTORY BACKGROUND CHECK

The agency will complete a background check on the applicant if the applicant is selected to become a DMV Select agent. The agent will also be required to complete a criminal history background check on each employee who will access DMV's system. No one who accesses DMV's system may have a felony conviction on their record.

**E. PURPOSE**

DESCRIBE YOUR INTEREST IN BECOMING A DMV SELECT PARTNER

**F. CERTIFICATION**

I certify and affirm that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury. I agree and understand that knowingly making a false statement or representation on this form is a criminal violation and may cause forfeiture on my part of any contractual agreement with DMV. By signing this form, I authorize DMV to verify the information provided on this application. I understand that any and all information verified by DMV will be used in assessing my suitability for the matter for which I have applied.

OWNER/REPRESENTATIVE NAME (print)	OWNER/REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
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