

Application for Employee ID Card

DEPARTMENT OF MOTOR VEHICLES Agency of Transportation

120 State Street Montpelier, Vermont 05603-0001 802.828.2000 dmv.vermont.gov

Permanent Employee		□ Temporary Employee		Retired Employee		
Employee Name: Last		First		Middle		
Employee Title <i>if retired employee add "(Ret.)" if retired LEO add "(Ret, LEOSA)"</i>						
Work Address: if retired use home address		City:		5	State:	
					Vermont	
Phone Number:	Phone Number: Email:					
Date of Birth:		Employee Number:		Vermont Driver License/Permit No:		
Signature of Employee:	I certify that the statements	s herein are true. This declaration made u	inder penalties of 2	23 VSA § 202.	Date:	

	 AGENCY NAME					
ER ION						
ΥE AT	 DEPARTMENT NAME					
PLO RMJ						
ΣOL	SIGNATURE OF AUTHORIZING AGENT	TITLE OF AUTHORIZING AGENT				
ш <mark>г</mark>						

	If paying by check, make payable to the Department of Motor Vehicles							
PAYMENT FORMATION	➔ If payment is being made via <u>VISION</u> , provide the following information. Note: A VISION Transfer Transaction screen print must accompany this application.							
ME	NAME	VENDOR NUMBER						
A Y I	AOT-DMV-001	133778						
	INVOICE (Enter employee's name)	PAYMENT						
		WIRE						

FOR DMV USE ONLY * DO NOT WRITE BELOW

Void Date		If Retired Void Date = INDF			LEOSA retired ID, see reverse		
Department ID:	8100002100				DMV Fee Code (25)		
Business Unit:	08100						
Account Code:	516550				Total	¢0 00	
Fund/PGM:	20105/59300				Total	\$8.00	

INSTRUCTIONS

Employee Info:

- Work Status Indicate if the employee is permanent, temporary, or retired.
- Employee Name Enter the Employee Name
- Employee Title Enter the Employee Title, not to exceed 35 characters, **including** spaces. No special characters or symbols. *NOTE:* **If retired, include (Ret.) or (RET, LEOSA)**, for example – *Supreme Allied Commander (Ret.) or*,

Chief of All Police Everywhere (Ret, LEOSA)

- Employee Work Address Enter the **WORK** Street and City address of the employee, not to exceed 36 characters, **including** spaces. If retired, use your home address.
- Phone/Email Enter employee contact information
- Employee Date of Birth Enter the employee's date of birth
- Employee ID Number Enter the 5-digit employee ID number, not the employee's position number.
- Employee VT License # Enter your Vermont Driver's License or Non-Driver ID number
- Employee Signature Must be signed by the employee

Agency/Dept Info:

- Agency Name Enter the Agency Name. Example: Agency of Transportation
- Department Name Enter the Department Name. Example: Motor Vehicles
- Signature of Authorizing Agent An authorized representative of your Agency must sign the application. You must have this signature even if you pay for the ID card.
- Title of Authorizing Agent Enter the Authorizing Agent's title. Example: Chief of Internal Operations

Fee/Payment Info:

- If the employee's Agency/Department pays for the ID card, enter the appropriate information dependent upon the accounting system used for payment.
 - > If payment will be made via a VISION Voucher, the following information should be used for submitting payment:
 - ⇒ Name: AOT-DMV-001
 - ⇒ Vendor (VISION) Number: 133778
 - ⇒ Invoice: (Enter the name of the person on the application)
 - ⇒ Payment: Wire
 - You must also submit a VISION voucher screen print with this application.
- ID cards can be obtained at any DMV location. No appointments are necessary.
- You will need to provide proof of identification such as a license, birth certificate, prior ID card, etc.

Law Enforcement Officers Safety Act (LEOSA)

If applying for a retired ID under the LEOSA, you must provide a letter from the agency you retired from indicating that you meet the LEOSA criteria and retired in good standing.