



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

5707 MacCorkle Avenue, Southeast

Post Office Box 17600

Charleston, West Virginia 25317-0010 • (304) 558-3900

TDD: (800) 742-6991 • (800) 642-9066

Thomas J. Smith, P. E.
Cabinet Secretary

Jill M. Newman
Deputy Secretary

CONSENT FORM / YELLOW DOT PROGRAM
(Please take to your nearest DMV Regional Office)

Participants Name: _____

I understand that the Division of Motor Vehicles (DMV) will provide to me the following:

- A Yellow Dot Program Folder, complete with a Yellow Dot Sticker, and a Medical Information Form.
- I understand that the Medical Information Form must be completed by me and that the DMV may not assist in its completion nor retain any information contained therein.
- I authorize the DMV to take my photo and print it out to be placed on the completed Medical Information Form; I understand that the DMV will not retain my photo to be used for any other purpose.

By signing this consent form, I have read and understand the above statements and hold the DMV and the Governor's Highway Safety Program free of any liability resulting from the Yellow Dot Program.

Signed: _____ **Date:** _____

WV County of residence: _____

DMV - Please mail to: The Governor's Highway Safety Program
Attn: Trish Anderson
PO Box 17600
Charleston, West Virginia 25317