



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Emergency Contact Information

Tennessen Warning

What is the purpose of supplying emergency contact information?

The information collected on this form is to add emergency contact(s) to your driver's license or identification card record pursuant to Minnesota Statutes, section 171.12, subdivision 5b.

Am I required to provide emergency contact information?

You are not required to provide emergency contact information to add to your driver's license or identification card.

What will happen if I do not provide emergency contact information?

If you do not provide emergency contact information, DVS will be unable to add emergency contacts to your driver's license or identification card record. If you are involved in an emergency, law enforcement will not contact anyone on your behalf.

Who will have access to the emergency contact information?

Your emergency contact information will only be accessible to law enforcement agencies to notify the individual(s) listed on your driver's license or identification card record regarding an emergency. See Minnesota Statutes, section 171.12, subdivision 5b(c).

Initial Applications must be submitted in person to your local driver's license agent office with a credential application

If you have previously submitted emergency contact information and wish to update your emergency contact information by mail please send it to: Driver and Vehicle Services 445 Minnesota Street Suite 183 St. Paul, MN 55101-5183

- I wish to **add** emergency contact information
- I wish to **change** existing emergency contact information
- I wish to **remove** existing emergency contact information

_____	_____
Requester's name	DL Number (OMIT DASHES)
_____	_____
Emergency Contact Name	Contact Phone Number
_____	_____
Emergency Contact Name	Contact Phone Number
_____	_____
Emergency Contact Name	Contact Phone Number

I request that this entry is placed on my driving record to alert law enforcement personnel that I have emergency contacts. I understand this entry will remain on my record until I send a request to Driver and Vehicle Services to remove or amend the information.

_____	_____
Requestor's Signature	Date