



Create a VAL Account (New Licensee) TUTORIAL



Virginia Alcoholic Beverage
Control Authority

INSTRUCTIONS

For optimal performance when using the VAL system, we recommend Google Chrome or Microsoft Edge. Please know that VAL is not compatible with Safari or mobile devices.

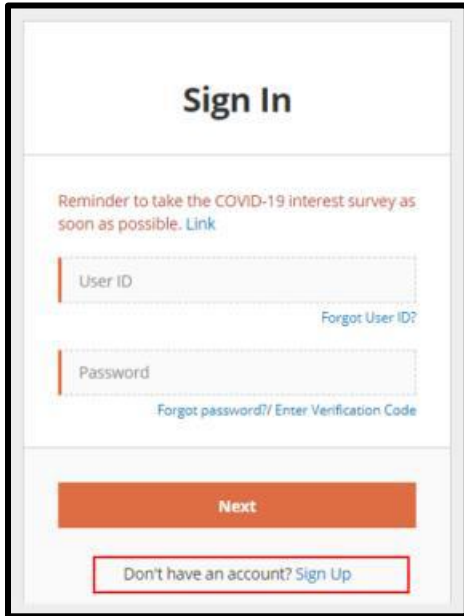
To create a new account, log in to <https://www.abc.virginia.gov>, select “Licenses”, “VAL System”, “Onboarding”, Under New Licensees click on “VAL Login”

1. From the Login Screen, click [Sign Up](#).
2. Fill in the information to [create your account](#). Click **Submit**.
3. Review your Information to [validate Account](#). Click **Register**.
4. You will be prompted to [sign-in](#) to your Account.
5. The first time you enter the system, it will prompt you to [enter your contact information](#) on the Contact Information page. Enter the **required fields**.
6. Click [Add Additional Contact Address](#). Enter the **required fields**. Click **Save and Close**. Review and Click **Save**.
7. This is the only time you will have to do this unless you need to add or change your information.

END OF WRITTEN INSTRUCTIONS

SCREEN HELP

Sign-Up

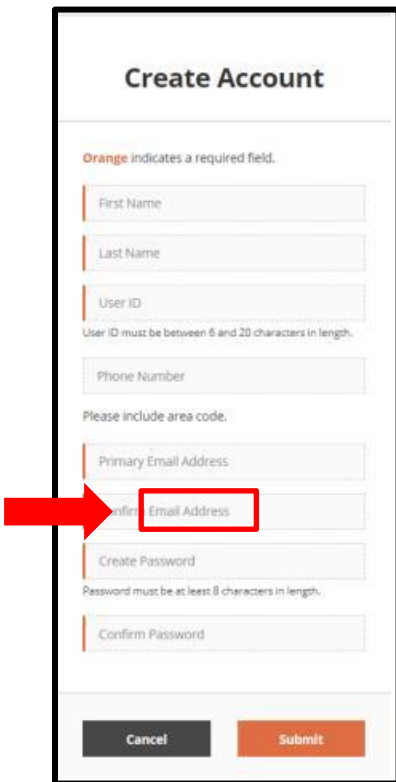


The screenshot shows a 'Sign In' page with the following elements:

- Header: **Sign In**
- Reminder: *Reminder to take the COVID-19 interest survey as soon as possible. [Link](#)*
- User ID field with a red vertical bar on the left and a [Forgot User ID?](#) link to the right.
- Password field with a red vertical bar on the left and a [Forgot password? Enter Verification Code](#) link to the right.
- Next button (orange)
- Don't have an account? [Sign Up](#) link (boxed in red)

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Create an Account



The screenshot shows a 'Create Account' page with the following elements:

- Header: **Create Account**
- Legend: *Orange indicates a required field.*
- First Name field (required)
- Last Name field (required)
- User ID field (required) with a note: *User ID must be between 6 and 20 characters in length.*
- Phone Number field
- Note: *Please include area code.*
- Primary Email Address field (required)
- Secondary Email Address field (boxed in red, with a red arrow pointing to it)
- Create Password field (required) with a note: *Password must be at least 8 characters in length.*
- Confirm Password field (required)
- Buttons: **Cancel** and **Submit**

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Validate Account

Validate Account

Disclaimer: Unauthorized attempts to modify any information stored on this system, to defeat or circumvent security features or to utilize this system for other than its intended purposes are prohibited and may result in criminal prosecution.

First Name

Last Name

Email

User ID

Phone Number

Please include area code.

By clicking Register, you confirm that the information you entered is correct and you agree to the disclaimer above.

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Sign In

Sign In

✓ Your registration is complete. You can now log in using your User ID 'sonnyjohnson'

Reminder to take the COVID-19 interest survey as soon as possible. [Link](#)

User ID

[Forgot User ID?](#)

Password

[Forgot password?/ Enter Verification Code](#)

Don't have an account? [Sign Up](#)

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Contact Information

Manage Your Account
View Contact Detail

Validate and update your contact information at this page.

Please complete required information and add a contact mailing address.
When completing future applications, you may select this contact as a contact for the application.

Contact Information

* Individual/Organization:
Individual

Organization Name: FEIN: * Primary Phone:

DBA/Trade Name: Secondary Phone:

* First: * Last: SSN: Personal Phone:

Sanny Johnson

* E-mail: Driver's License Number: Driver's License State:

sanny@gmail.com

State ID Number: State:

Birth Date: Gender: Female Male

MM/DD/YYYY

Contact Addresses

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Recipient	Address	Status	Start
No records found.				

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Add Additional Contact Address

Contact Addresses

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Recipient	Address	Status	Start
No records found.				

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Contact Mailing Address Information

* Address Type:

* Street #: Direction: * Street Name: * Street Type: Suffix Direction:

Unit # (start): Unit # (end): Unit Type:

* City: * State: * ZIP Code:

Country/Region:

International Address:

International Address 2:

International Address 3:

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