

Data items collected by the eGov Personal Vehicle Registration request but not collected by the DS-100 Form;

[HOME](#) » [DMV](#) » [VEHICLE REGISTRATION](#)

## Start Vehicle Registration

**\*Mission:**

--Select a Mission--

**\*Registration Type:**

Mission Vehicle

Personal Vehicle

Next

Cancel

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1. **Owner Information:**
  - a. Date of Birth
  - b. Co-Owner

[HOME](#) » [DMV](#) » [VEHICLE REGISTRATION](#)

## Owner Information

**\*PID:**

**\*Surname:**

**\*Given Name:**

**\*Date of Birth:**

**\*Street Number:**

**\*Street Name:**

**Street Type:**

**Quadrant:**

**Unit Type:**

**Unit Number:**

**\*City:**

**\*State:**

--Select a State--

**\*Zip Code:**

**Co-Owner**

None

Diplomat

Non-Diplomat

Cancel

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- 2. Ownership Type
  - a. Lease
  - b. Lien
  - c. Own

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

## Vehicle Information

<b>*Vehicle Identification Number:</b> <input type="text"/>	<b>*Vehicle Make:</b> -- Select a Make-- <input type="text"/>	<b>*Vehicle Model:</b> <input type="text"/>			
<b>*Vehicle Body:</b> --Select a Body Type-- <input type="text"/>	<b>*Vehicle Year:</b> <input type="text"/>	<b>Vehicle Weight(lbs):</b> <input type="text"/>			
<b>*Vehicle Odometer:</b> <input type="text"/>	<b>*Vehicle Color:</b> --Select a Color-- <input type="text"/>	<b>*Ownership Type:</b> <table border="1"><tr><td>Lease</td></tr><tr><td>Lien</td></tr><tr><td>Own</td></tr></table> <input type="button" value="Ownership Type"/>	Lease	Lien	Own
Lease					
Lien					
Own					
<input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>					

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- 3. Insurance Company Phone Number

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

## Insurance Company Information

<b>*Insurance Company Name:</b> <input type="text"/>					
<b>Street Number:</b>	<b>Street Name:</b>	<b>Street Type:</b>	<b>Quadrant:</b>	<b>Unit Type:</b>	<b>Unit Number:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>			
<input type="text"/>	--Select a State-- <input type="text"/>	<input type="text"/>			
<b>Insurance Company Phone Number:</b> <input type="text"/>					
<input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>					

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

#### 4. Insurance Broker Phone Number

[HOME](#) » [DMV](#) » [VEHICLE REGISTRATION](#)

### Insurance Broker Information

**\*Insurance Broker Name:**

**\*Street Number:**

**\*Street Name:**

**Street Type:**

**Quadrant:**

**Unit Type:**

**Unit Number:**

**\*City:**

**\*State:**

**\*Zip Code:**

**\*Insurance Broker Phone Number:**

Back

Next

Cancel

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

[HOME](#) » [DMV](#) » [VEHICLE REGISTRATION](#)

### Insurance Policy Information

**\*Insurance Policy Number:**

**\*Insurance Policy Start Date:**

**\*Insurance Policy End Date:**

**\*Insurance Coverage Type:**

P/A/P

**\*Personal Injury per Person Amount:** **\*Personal Injury per Accident Amount:** **\*Personal Damage per Accident Amount:**

Combined Single Limit

**\*Personal Injury and Property Damage per Accident Amount:**

Back

Next

Cancel

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Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

APPLICATION FOR VEHICLE REGISTRATION (PERSONAL)

Registration Type: PERSONAL

Mission

DC - WASHINGTON - EMBASSY OF CANADA

Owner Information

12345678

NAME, NAME

10/5/2000

Owner Address

123 STREET

CITY, AL 12345

Vehicle Information

Owship Type

OWN

Body

3 DOOR EXTENDED CAB / CHASSIS

Vehicle Identification Number

123

Model Year

2000

Weight (lbs)

Make

ACURA

Odometer (mi)

123

Model

MODEL

Vehicle Color

ALUMINUM/SILVER

Broker/Agent

BROKER

123 STREET

CITY, AL 12345

Insurance Company

COMPANY

Binder or Policy Number

123

Beginning Date (Month/Day/Year)

10/05/2017

Ending Date (Month/Day/Year)

10/05/2018

Insurance Coverage

COMBINED

Personal Injury and Property Damage Per Accident

1000000

There are no remarks

Add Remark

Submit Back

### Lien/Lease Holder Information

\*Name:

\*Street Number:

\*Street Name:

Street Type:

Quadrant:

Unit Type:

Unit Number:

\*City:

\*State:

\*Zip Code:

Back Next Cancel

- 5. Co-Owner Information:
  - a. PID
  - b. Surname
  - c. Given Name

[HOME](#) » [DMV](#) » **VEHICLE REGISTRATION**

### Co-Owner Information

<b>*PID:</b>	<b>*Surname:</b>	<b>*Given Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

[HOME](#) » [DMV](#) » **VEHICLE REGISTRATION**

### Co-Owner Information

<b>*Surname:</b>	<b>*Given Name:</b>	
<input type="text" value="NAME"/>	<input type="text" value="NAME"/>	
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

6. Remarks

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

APPLICATION FOR VEHICLE REGISTRATION (PERSONAL)

Registration Type: PERSONAL

Mission

DC - WASHINGTON - EMBASSY OF CANADA

Owner Information

12345678

NAME, NAME

10/5/2000

Owner Address

123 STREET

CITY, AL 12345

Vehicle Information

Ownership Type

LEASE

Body

3 DOOR EXTENDED CAB / CHASSIS

Lien Holder / Legal Owner

NAME

123 STREET

CITY, AL 12345

Insurance Company

COMPANY

Binder or Policy Number

123

Insurance Coverage

COMBINED

Co-Owner Information

12345678

NAME, NAME

Vehicle Identification Number

123

Model Year

2000

Weight (lbs)

Make

ACURA

Odometer (mi)

123

Model

MODEL

Vehicle Color

ALUMINUM/SILVER

Broker/Agent

BROKER

123 STREET

CITY, AL 12345

Beginning Date (Month/Day/Year)

10/05/2017

Ending Date (Month/Day/Year)

10/05/2018

Personal Injury and Property Damage Per Accident

1000000

There are no remarks

Add Remark

Submit

Back