

Data items collected by the eGov Replacement Plates request but not collected by the DS-102 Form;

- 1. Vehicle Registration Type:
 - a. Mission Vehicle
 - b. Personal Vehicle

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***Mission:**

***Reason for New Plates:**

- 1 Plate Lost/Stolen
- 2 Plates Lost/Stolen
- Change in Position
- Other (e.g., damaged plates or lost/stolen stickers)

***Vehicle Registration Type:**

- Mission Vehicle
- Personal Vehicle

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***Lost/Stolen Date:**

***Report Number:**

If you do not have an OFM Report Number, then please call the OFM Customer Service Center at 202-895-3500 to request one.

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VEHICLE

*Vehicle Identification Number:	*License Plate Number:	*Vehicle Odometer:	*Vehicle Color:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Vehicle Make:	Vehicle Model:	Vehicle Body:	Vehicle Year:	Vehicle Weight(lbs):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-- Select a Make--		-- Select a Make--		

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2. **Insurance Carrier:**
 - a. **Insurance Company Name**
 - b. **Street Number**
 - c. **Street Name**
 - d. **Street Type**
 - e. **Quadrant**
 - f. **Unit Type**
 - g. **Unit Number**
 - h. **City**
 - i. **State**
 - j. **Zip Code**
 - k. **Insurance Company Phone Number**

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INSURANCE CARRIER

*Insurance Company Name:					
<input type="text"/>					
Street Number:	Street Name:	Street Type:	Quadrant:	Unit Type:	Unit Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	State:	Zip Code:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Insurance Company Phone Number:					
<input type="text"/>					

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- 3. Insurance Broker:
 - a. Insurance Broker Name
 - b. Street Number
 - c. Street Name
 - d. Street Type
 - e. Quadrant
 - f. Unit Type
 - g. Unit Number
 - h. City
 - i. State
 - j. Zip Code
 - k. Insurance Broker Phone Number

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INSURANCE BROKER

***Insurance Broker Name:**

***Street Number:** ***Street Name:** **Street Type:**
Quadrant: **Unit Type:** **Unit Number:**

***City:** ***State:** ***Zip Code:**

***Insurance Broker Phone Number:**

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- 4. Insurance Policy:
 - a. Insurance Policy Number
 - b. Insurance Policy Start Date
 - c. Insurance Policy End Date
 - d. Insurance Coverage Type
 - i. P/A/P:
 - 1. Personal Injury per Person Amount
 - 2. Personal Injury per Accident Amount
 - 3. Personal Damage per Accident Amount
 - ii. Combined Single Limit:
 - 1. Personal Injury and Property Damage per Accident Amount

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INSURANCE POLICY

*Insurance Policy Number:	*Insurance Policy Start Date:	*Insurance Policy End Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Insurance Coverage Type:		
<input type="radio"/> P/A/P		
*Personal Injury per Person Amount:	*Personal Injury per Accident Amount:	*Personal Damage per Accident Amount:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="radio"/> Combined Single Limit		
*Personal Injury and Property Damage per Accident Amount:		
<input type="text" value="0"/>		

5. Remark

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ROB A

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

Mission Name
DC - WASHINGTON - EMBASSY OF CANADA
Reason for Replacement Plates Vehicle Registration Type
OnePlateLost MISSION
Date Plates Lost/Stolen OFM Report Number
10/6/2017 123

VEHICLE

Vehicle Identification Number License Plate Number Odometer Color
123 123 123 ALUMINUM/SILVER
Make Model Body Year Weight (lbs)
ACURA MODEL 3 DOOR EXTENDED CAB / CHASSIS 2000 5555

INSURANCE

NAME

INSURANCE BROKER

BROKER
123 STREET
CITY, AL 12345
(123) 456-7890

INSURANCE POLICY

Binder or Policy Number: 123 Beginning Date: 10/6/2017 Ending Date: 10/6/2018
Insurance Coverage
Combined Single Limit: \$1000000
There are no remarks

Add Remark

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title United States Code, Section 1001, prohibiting the making of a false statement in connection with federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

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NEW POSITION

- Diplomatic Agent
- Career Consular Officer
- Administrative and Technical Staff
- Service Staff

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Reason

***Reason for New Plates:**

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Principal/Owner

*PID:	*Surname:	*Given Name:	*Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Street Number:	*Street Name:	Street Type:	Quadrant: Unit Type: Unit Number:
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/> <input type="text" value="v"/> <input type="text"/>
*City:	*State:	*Zip Code:	
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	

Vehicle Co-Owner

PID:	Surname:	Given Name:	Date Of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Mission Name
DC - WASHINGTON - EMBASSY OF CANADA
Reason for Replacement Plates: Vehicle Registration Type
OnePlateLost - REASON **PERSONAL**
Date Plates Lost/Stolen OFM Report Number
10/6/2017 123

OWNER

Owner
PID Surname Given Name Birth Date
12345678 NAME NAME 10/6/2000
Residence Address
123 STREET
CITY, AL 12345

VEHICLE

Vehicle Identification Number License Plate Number Odometer Color
123 123 123 ALUMINUM/SILVER
Make Model Body Year Weight (lbs)
ACURA MODEL 3 DOOR EXTENDED CAB / CHASSIS 2000 5555

INSURANCE

NAME

INSURANCE BROKER

BROKER
123 STREET
CITY, AL 12345
(123) 456-7890

INSURANCE POLICY

Binder or Policy Number: 123 Beginning Date: 10/6/2017 Ending Date: 10/6/2018

Insurance Coverage

PAP Coverage Type

Personal damage per accident Personal injury per accident Personal injury per person

\$1000000 \$1000000 \$1000000

There are no remarks

Add Remark

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18, United States Code, Section 1001, prohibiting the making of a false statement in connection with a federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

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