

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

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## Principal Driver and User

### Principal Driver

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

### Principal User

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

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1. Principal Driver: Date of Birth
2. Principal User: Date of Birth

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## Address Where Vehicle is Garaged

<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"/>	<input type="text"/>	<input type="text"/>			

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3. Ownership Type

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## Vehicle Information

**\*Vehicle Identification Number:**

**\*Vehicle Make:**

**\*Vehicle Model:**

**\*Vehicle Body:**

**\*Vehicle Year:**

**Vehicle Weight(lbs):**

**\*Vehicle Odometer:**

**\*Vehicle Color:**

**\*Ownership Type:**

- Lease
- Lien
- Own

Ownership Type

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4. Insurance Company Phone Number

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### Insurance Company Information

**\*Insurance Company Name:**

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

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

**Insurance Company Phone Number:**

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5. Insurance Broker Phone Number

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## Insurance Broker Information

**\*Insurance Broker Name:**

**\*Street Number:**

**\*Street Name:**

**Street Type:**

**Quadrant:**

**Unit Type:**

**\*City:**

**\*State:**

**\*Zip Code:**

**\*Insurance Broker Phone Number:**

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## 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:**

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## Lien/Lease Holder Information

\*Name:

\*Street Number:

\*Street Name:

Street Type:

Quadrant:

Unit Type:

Unit Number:

\*City:

\*State:

\*Zip Code:

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6. Remarks

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ROB M

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

APPLICATION FOR VEHICLE REGISTRATION (MISSION)

Registration Type: MISSION

Mission

DC – WASHINGTON – EMBASSY OF CANADA

Principal Driver

12345678

NAME, NAME

10/5/2000

Address Where Vehicle Is Garaged

1 STREET

CITY, AL 12345

Vehicle Information

Ownership Type

OWN

Body

3 DOOR EXTENDED CAB / CHASSIS

Vehicle Identification Number

123

Model Year

2000

Weight (lbs)

Make

ACURA

Model Year

123

Model

MODEL

Vehicle Color

ALUMINUM/SILVER

Insurance Company

COMPANY

Broker/Agent

BROKER

123 STREET

CITY, AL 12345

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

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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 (MISSION)

Registration Type: MISSION

Mission  
DC - WASHINGTON - EMBASSY OF CANADA

Principal Driver  
12345678  
NAME, NAME  
10/5/2000

Principal User  
98765432  
NAME, NAME  
10/5/2000

Address Where Vehicle Is Garaged  
1 STREET  
CITY, AL 12345

Vehicle Information

Ownership Type  
LIEN

Vehicle Identification Number  
123

Make  
ACURA

Model  
MODEL

Body  
3 DOOR EXTENDED CAB / CHASSIS

Model Year  
2000

Weight (lbs)

Odometer (mi)  
123

Vehicle Color  
ALUMINUM/SILVER

Lien Holder / Legal Owner  
NAME  
123 STREET  
CITY, AL 12345

Broker/Agent  
BROKER  
123 STREET  
CITY, AL 12345

Insurance Company  
COMPANY

Binder or Policy Number  
123

Beginning Date (Month/Day/Year)  
Ending Date (Month/Day/Year)

10/05/2017  
10/05/2018

Insurance Coverage  
COMBINED

Personal Injury and Property Damage Per Accident  
1000000

There are no remarks

Add Remark

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