

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

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## 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

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## 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

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## 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

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## 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"/>					

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4. Insurance Broker Phone Number

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### 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:

  

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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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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

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### 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"/>

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### 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"/>

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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

Co-Owner Information  
12345678  
NAME, NAME

Owner Address  
123 STREET  
CITY, AL 12345

Vehicle Information

Ownership Type  
LEASE

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

Submit Back