

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

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

*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"/>	--Select a State-- <input type="text"/>	<input type="text"/>			
Insurance Company Phone Number: <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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Cancel

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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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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:

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

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Co-Owner Information

*PID:	*Surname:	*Given Name:
<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

*Surname:	*Given Name:	
<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

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

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