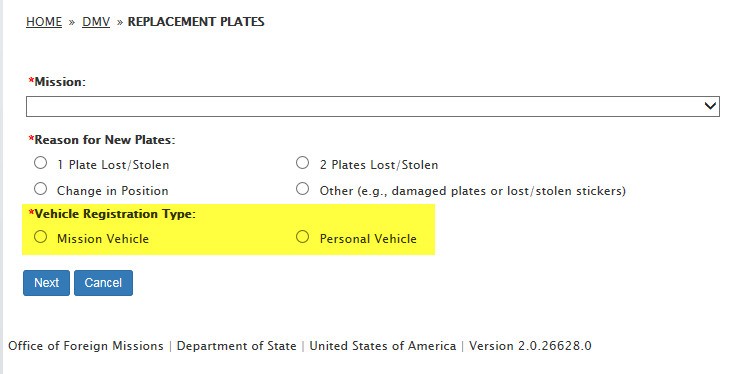
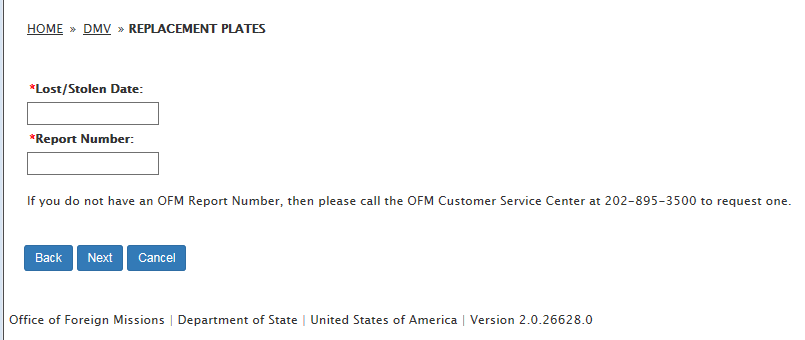
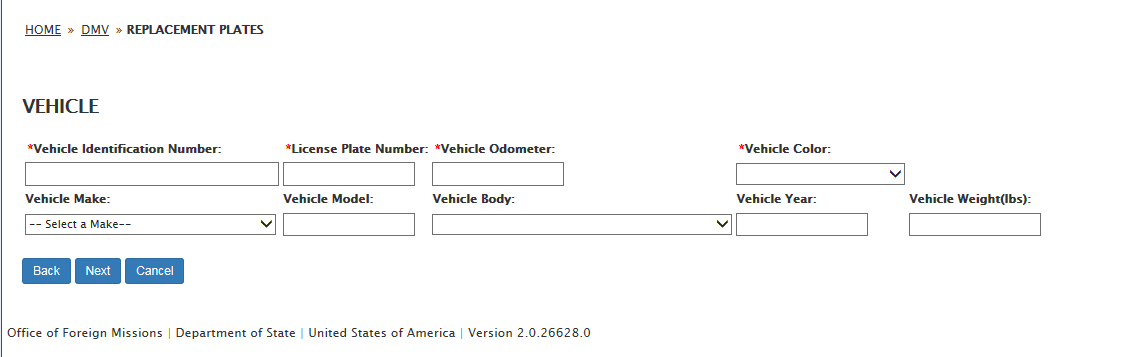
**Data items collected by the eGov Replacement Plates request but not collected by the DS-102 Form;**

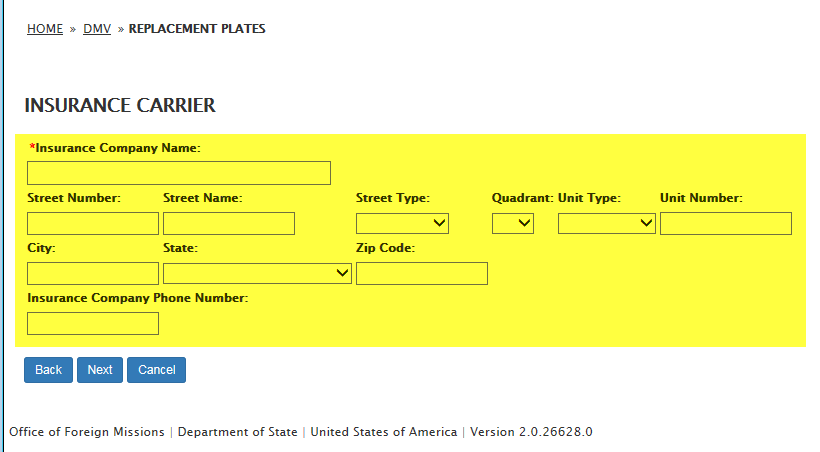
1. **Vehicle Registration Type:**
   1. **Mission Vehicle**
   2. **Personal Vehicle**



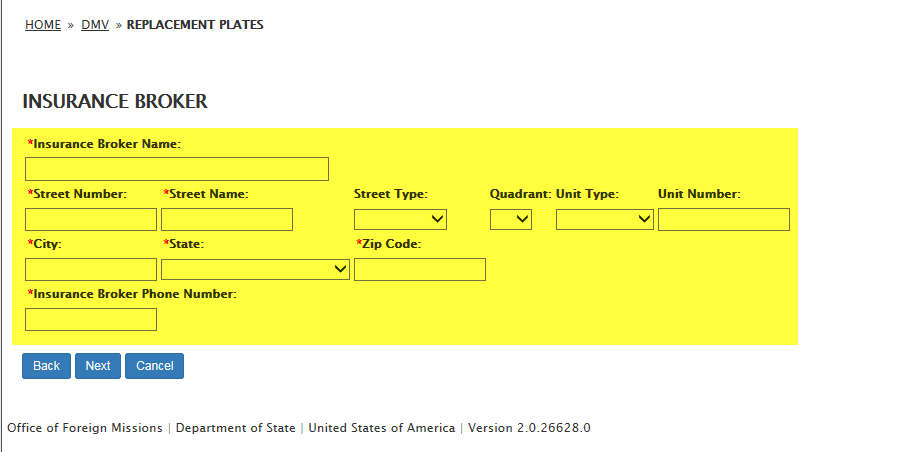




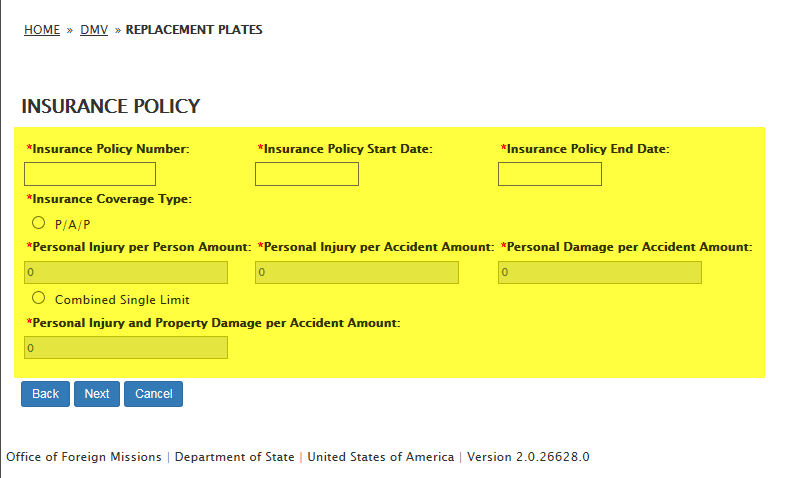
1. **Insurance Carrier:**
   1. **Insurance Company Name**
   2. **Street Number**
   3. **Street Name**
   4. **Street Type**
   5. **Quadrant**
   6. **Unit Type**
   7. **Unit Number**
   8. **City**
   9. **State**
   10. **Zip Code**
   11. **Insurance Company Phone Number**



1. **Insurance Broker:**
   1. **Insurance Broker Name**
   2. **Street Number**
   3. **Street Name**
   4. **Street Type**
   5. **Quadrant**
   6. **Unit Type**
   7. **Unit Number**
   8. **City**
   9. **State**
   10. **Zip Code**
   11. **Insurance Broker Phone Number**



1. **Insurance Policy:**
   1. **Insurance Policy Number**
   2. **Insurance Policy Start Date**
   3. **Insurance Policy End Date**
   4. **Insurance Coverage Type**
      1. **P/A/P:**
         1. **Personal Injury per Person Amount**
         2. **Personal Injury per Accident Amount**
         3. **Personal Damage per Accident Amount**
      2. **Combined Single Limit:**
         1. **Personal Injury and Property Damage per Accident Amount**



1. **Remark**

