

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

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

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

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

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

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

Vehicle Information

*Vehicle Identification Number:	*Vehicle Make:	*Vehicle Model:
<input type="text"/>	-- Select a Make--	<input type="text"/>
*Vehicle Body:	*Vehicle Year:	Vehicle Weight(lbs):
--Select a Body Type--	<input type="text"/>	<input type="text"/>
*Vehicle Odometer:	*Vehicle Color:	*Ownership Type:
<input type="text"/>	--Select a Color--	<div>Lease</div> <div>Lien</div> <div>Own</div> <div>Ownership Type</div>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

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3. Insurance Company Phone Number

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

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"/>	--Select a Street Type--	--Select a Quadrant--	--Select a Unit Type--	<input type="text"/>
City:	State:	Zip Code:			
<input type="text"/>	--Select a State--	<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

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

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:**

Back

Next

Cancel

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

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:**

Back

Next

Cancel

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

ROB 1

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

OWN

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

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

Back

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[HOME](#) » [DMV](#) » VEHICLE REGISTRATION

Lien/Lease Holder Information

*Name:

*Street Number:

*Street Name:

Street Type:

Quadrant:

Unit Type:

Unit Number:

*City:

*State:

*Zip Code:

Back

Next

Cancel

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

[HOME](#) » [DMV](#) » **VEHICLE REGISTRATION**

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"/>

Office of Foreign Missions | Department of State | United States of America | Version 2.0.26628.0

[HOME](#) » [DMV](#) » **VEHICLE REGISTRATION**

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

Vehicle Identification Number

123

Model Year

2000

Weight (lbs)

Make

ACURA

Odometer (mi)

123

Model

MODEL

Vehicle Color

ALUMINUM/SILVER

Lien Holder / Legal Owner

NAME

123 STREET

CITY, AL 12345

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

Back