

## APPLICATION FOR REGISTRATION (MISSION VEHICLE) INSTRUCTIONS

1. In addition to this form, you must submit:

- a. The original ownership document(s): the Certificate of Origin (*for a new vehicle*) or the state's certificate of title (for a used vehicle) and all corresponding re-assignment pages.
- b. A photocopy of the insurance binder sheet or the declaration page. You must have liability coverage of \$100,000 Bodily Injury/Person; \$300,000 Bodily Injury/Accident; \$100,000 Property Damage/Accident; or \$300,000 combined single limit.
- c. Odometer Statement complete with signatures of the buyer and seller (for new vehicles only).

2. You must type all answers, or write them in block letters.

3. Always write names with surname first, then first name, then middle name or initial. Spell your name exactly as it was given to the Department of State. Applications with names different from the accreditation record will be returned for correction.

4. Always write dates month first, then day, then year. Always write the month and give the day and year in numbers only. Always give your date of birth (DOB) exactly as it was given to the Department of State. Applications with a date of birth different from the accreditation record will be returned for correction.

5. Copy all the motor vehicle information from the Certificate of Origin or state's certificate of title. Be very careful when copying the vehicle identification number (VIN).

6. If applicable, provide the name and address of the bank or other institution with a financial interest (lien) in the motor vehicle.

7. You must sign and date the application, and it must bear the Mission seal.

### PRIVACY ACT STATEMENT

**AUTHORITIES:** The information is sought pursuant to Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); International Organizations Immunities Act (22 U.S.C. 288e (a)); Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

**PURPOSE:** The information solicited on this form will be used to adjudicate requests for registration of foreign missions' mission vehicle(s).

**ROUTINE USES:** The information provided on this form may be provided to other federal agencies for law enforcement, administrative or other statutorily authorized purposes as covered under STATE 36, Security Records. This information also may be provided to the employing foreign government or international organization.

**DISCLOSURE:** Providing this information is voluntary; Failure to provide the information requested on this form may result in denial of registration of foreign missions' mission vehicle(s).

### PAPERWORK REDUCTION ACT STATEMENT

\*Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/OFM, 3507 International Place NW, Washington, DC 20008.



U.S. Department of State  
OFFICE OF FOREIGN MISSIONS  
DIPLOMATIC MOTOR VEHICLE OFFICE

OMB Approval No. 1405-0105  
Expires XX-XX-XXXX  
Estimate Burden 15 minutes\*

# APPLICATION FOR REGISTRATION (MISSION VEHICLE)

SEE INSTRUCTION PAGE

<b>Country</b>		<b>Mission Type</b> ( <i>Embassy, Consulate, UN, OAS, Other</i> )		<b>FOR OFFICE USE ONLY</b> Do not write in this space	
Address ( <i>Number, Street, Apt., City, State, Zip Code</i> )				<u>License Tag</u>	
Principal Driver Name ( <i>Last, First, MI</i> )		I.D. Number		#:	
Principal Driver Name ( <i>Last, First, MI</i> )		I.D. Number		(Fee):	
Status of Principal User ( <i>Check One</i> )				(C):	
<input type="checkbox"/> Diplomatic <input type="checkbox"/> Consular <input type="checkbox"/> Administrative/ Technical <input type="checkbox"/> Service Staff <input type="checkbox"/> Employee <input type="checkbox"/> Dependent				(D):	
Address Where Vehicle Is Principally Garaged ( <i>Number, Street, City, State, Zip Code</i> )				(2#):	
Vehicle Identification Number		Make	Model	<u>I.D. Number</u>	
Body	Year	Weight	Odometer	O:	
Lien Holder/Legal Owner ( <i>Name in Full</i> ) If the registered owner is the legal owner write NONE.				PD:	
Address				PU:	
Insurance Company Name				A:	
Address				<u>(Lien)</u>	
Broker/Agent Name				LH:	
Address				T#:	
Binder or Policy Number				D:	
Beginning Date ( <i>mm-dd-yyyy</i> ) _____				LR:	
Expiration Date ( <i>mm-dd-yyyy</i> ) _____				<u>Insurance</u>	
Insurance Coverage	Bodily Injury/Person	Bodily Injury/Accident	Property Damage/Accident	C:	
OR <b>A. P/A/P</b> _____				P/A/P	
<b>B. Combined Single Limit -</b> _____ ( <i>Personal Injury and Property Damage Per Accident</i> )				COMB _____	
THE UNDERSIGNED CERTIFIES THAT, IN ACCORDANCE WITH THE PROVISIONS OF TITLE 18 U.S. CODE, SECTION 1001, PROHIBITING THE MAKING OF FALSE STATEMENTS IN CONNECTION WITH ANY FEDERAL MATTER, THE INFORMATION STATED HERE IS TRUE AND CORRECT. THE REQUIRED INSURANCE LIABILITY COVERAGE WILL BE MAINTAINED FOR ALL DRIVERS OF THIS VEHICLE AT ALL TIMES.				SPLIT _____	
(EMBASSY SEAL)		SPECIAL NOTE: FAILURE TO MAINTAIN AN INSURANCE POLICY FOR THIS VEHICLE WILL RESULT IN CANCELLATION OF REGISTRATION AND RECALL OF THE OFFICIAL FEDERAL LICENSE PLATES.			
Signature			Date ( <i>mm-dd-yyyy</i> )		
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