



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

OMB Approval No. 1405-0105
 Expires XX-XX-20XX
 *Estimated burden 15 minutes

APPLICATION FOR REPLACEMENT PLATES

SEE INSTRUCTIONS ON PAGE 2

ATTENTION: Application cannot be processed without completion of gray shaded areas.

| | | | | | | | | | |
|--|--|----------------------------|--------|---|--|--|--|---|--|
| Country | | | | Mission Type (Embassy, Consulate, UN, OAS, Other) | | | | License Plate Number | |
| Reason for New Plates (Check one box) <input type="checkbox"/> 1 Plate lost/stolen <input type="checkbox"/> 2 Plates lost/stolen <input type="checkbox"/> Vehicle stolen <input type="checkbox"/> Change in position: New position _____ <input type="checkbox"/> Other (Specify reason) _____ | | | | | | | | FOR OFFICE USE ONLY Do Not Write in this space | |
| Date Plates Lost/Stolen (mm-dd-yyyy) | | | | OFM Report Number | | | | | |
| Owner Name (Surname) (First) (MI.) | | | | | | | | Title Moved to Name | |
| I.D. Number | | Date of Birth (mm-dd-yyyy) | | Visa | | <input type="checkbox"/> Principal <input type="checkbox"/> Dependent | | P | |
| Address (Number, Street, Apartment, City, State, Zip Code) | | | | | | | | I.D. Number | |
| Co-owner Name (Surname) (First) (MI.) | | | | | | | | | |
| I.D. Number | | Date of Birth (mm-dd-yyyy) | | Visa | | <input type="checkbox"/> Principal <input type="checkbox"/> Dependent | | Tag Number | |
| Vehicle Identification Number | | | | Make | | Model | | (Insurance OK) | |
| Body | | Year | Weight | Odometer | | Color | | | |
| Lien Holder/Legal Owner (Name in Full) If the registered owner is the legal owner, write NONE. | | | | | | | | Production Dates | |
| Address | | | | | | | | | |
| <p>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 a federal matter, the information stated here is true and correct.</p> | | | | | | | | | |
| (MISSION SEAL) | | | | Authorized Signature(s) | | | | Date(s) (mm-dd-yyyy) | |
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