

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

1. Vehicle Registration Type:
  - a. Mission Vehicle
  - b. Personal Vehicle

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**\*Mission:**

**\*Reason for New Plates:**

- ☐ 1 Plate Lost/Stolen      ☐ 2 Plates Lost/Stolen  
☐ Change in Position      ☐ Other (e.g., damaged plates or lost/stolen stickers)

**\*Vehicle Registration Type:**

- ☐ Mission Vehicle      ☐ Personal Vehicle

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**\*Lost/Stolen Date:**

**\*Report Number:**

If you do not have an OFM Report Number, then please call the OFM Customer Service Center at 202-895-3500 to request one.

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## VEHICLE

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

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2. Insurance Carrier:
  - a. Insurance Company Name
  - b. Street Number
  - c. Street Name
  - d. Street Type
  - e. Quadrant
  - f. Unit Type
  - g. Unit Number
  - h. City
  - i. State
  - j. Zip Code
  - k. Insurance Company Phone Number

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## INSURANCE CARRIER

*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"/>	<input type="text"/>	<input type="text"/>			
Insurance Company Phone Number:					
<input type="text"/>					

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3. Insurance Broker:
- a. Insurance Broker Name
  - b. Street Number
  - c. Street Name
  - d. Street Type
  - e. Quadrant
  - f. Unit Type
  - g. Unit Number
  - h. City
  - i. State
  - j. Zip Code
  - k. Insurance Broker Phone Number

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## INSURANCE BROKER

<b>*Insurance Broker Name:</b>					
<input type="text"/>					
<b>*Street Number:</b>	<b>*Street Name:</b>	<b>Street Type:</b>	<b>Quadrant:</b>	<b>Unit Type:</b>	<b>Unit Number:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>*City:</b>	<b>*State:</b>	<b>*Zip Code:</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>*Insurance Broker Phone Number:</b>					
<input type="text"/>					

4. Insurance Policy:
- a. Insurance Policy Number
  - b. Insurance Policy Start Date
  - c. Insurance Policy End Date
  - d. Insurance Coverage Type
    - i. P/A/P:
      - 1. Personal Injury per Person Amount
      - 2. Personal Injury per Accident Amount
      - 3. Personal Damage per Accident Amount
    - ii. Combined Single Limit:
      - 1. Personal Injury and Property Damage per Accident Amount

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## INSURANCE POLICY

<b>*Insurance Policy Number:</b>	<b>*Insurance Policy Start Date:</b>	<b>*Insurance Policy End Date:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>*Insurance Coverage Type:</b>		
<input type="radio"/> P/A/P		
<b>*Personal Injury per Person Amount:</b>	<b>*Personal Injury per Accident Amount:</b>	<b>*Personal Damage per Accident Amount:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Combined Single Limit		
<b>*Personal Injury and Property Damage per Accident Amount:</b>		
<input type="text"/>		

## 5. Remark

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ROB A

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

Mission Name  
DC – WASHINGTON – EMBASSY OF CANADA  
Reason for Replacement Plates Vehicle Registration Type  
**OnePlateLost** **MISSION**  
Date Plates Lost/Stolen OFM Report Number  
10/6/2017 123

## VEHICLE

Vehicle Identification Number	License Plate Number	Odometer	Color
123	123	123	ALUMINUM/SILVER
Make	Model	Body	Year
ACURA	MODEL	3 DOOR EXTENDED CAB / CHASSIS 2000	5555

## INSURANCE

NAME

## INSURANCE BROKER

BROKER  
123 STREET  
CITY, AL 12345  
(123) 456-7890

## INSURANCE POLICY

Binder or Policy Number: 123 Beginning Date: 10/6/2017 Ending Date: 10/6/2018  
Insurance Coverage  
Combined Single Limit: \$1000000  
There are no remarks

Add Remark

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title United States Code, Section 1001, prohibiting the making of a false statement in connection with federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

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## NEW POSITION

- ☐ Diplomatic Agent
- ☐ Career Consular Officer
- ☐ Administrative and Technical Staff
- ☐ Service Staff

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## Reason

**\*Reason for New Plates:**

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## Principal/Owner

*PID:	*Surname:	*Given Name:	*Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Street Number:	*Street Name:	Street Type:	Quadrant: Unit Type: Unit Number:
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/> <input type="text" value="v"/> <input type="text"/>
*City:	*State:	*Zip Code:	
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	

### Vehicle Co-Owner

PID:	Surname:	Given Name:	Date Of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

## Mission Name

DC - WASHINGTON - EMBASSY OF CANADA

## Reason for Replacement Plates Vehicle Registration Type

OnePlateLost - REASON

PERSONAL

Date Plates Lost/Stolen

10/6/2017

OFM Report Number

123

## OWNER

## Owner

PID Surname Given Name Birth Date

12345678 NAME NAME 10/6/2000

## Residence Address

123 STREET

CITY, AL 12345

## VEHICLE

Vehicle Identification Number License Plate Number Odometer

123

123

123

Color

ALUMINUM/SILVER

Make

ACURA

Model

MODEL

Body

3 DOOR EXTENDED CAB / CHASSIS 2000

Year

2000

Weight (lbs)

5555

## INSURANCE

## NAME

## INSURANCE BROKER

## BROKER

123 STREET

CITY, AL 12345

(123) 456-7890

## INSURANCE POLICY

Binder or Policy Number: 123 Beginning Date: 10/6/2017 Ending Date: 10/6/2018

## Insurance Coverage

## PAP Coverage Type

Personal damage per accident Personal injury per accident Personal injury per person

\$1000000

\$1000000

\$1000000

There are no remarks

Add Remark

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18, United States Code, Section 1001, prohibiting the making of a false statement in connection with a federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

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