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

APPLICATION FOR REGISTRATION (PERSONAL VEHICLE)

FOR OFFICE USE ONLY
Do Not Write in this space

SEE INSTRUCTIONS ON REVERSE

ATTENTION: Application cannot be processed without completion of gray shaded areas.
1. Type all answers or write in block letter.
2. In addition to this form, you must sibmit (**a**) the Certificate of origin **or** the Vehicle Title and
   (**b**) a photocopy of the insurance binder sheet **or** declaration page as proof of liability coverage.

1. LICENSE PLATE NUMBER

COUNTRY	MISSION TYPE *(Embassy, Consulate, UN, OAS, Other)*

OWNER NAME *(Surname, First, MI - as given to Office of Protocol)*

CHECK #

I.D. NUMBER	DATE OF BIRTH *(mm-dd-yyyy)*	VISA	PRINCIPAL DEPENDENT

FEE

ADDRESS   *(No., Street, Apt., City, State, Zip Code)*

2. LICENSE PLATE #

CO-OWNER NAME *(Surname, First, MI - as given to Office of Protocol*

3. LICENSE PLATE #

I.D. NUMBER	DATE OF BIRTH *(mm-dd-yyyy)*	VISA	PRINCIPAL DEPENDENT

4. LICENSE PLATE #

VEHICLE IDENTIFICATION NUMBER	MAKE	MODEL

5. LICENSE PLATE #

BODY	YEAR	WEIGHT	ODOMETER	COLOR

I.D. NUMBER (Check)

LIEN HOLDER/LEGAL OWNER   *(Name in Full)*   If the registered owner is the legal owner, write NONE.

O:

ADDRESS

C/O:

INSURANCE   COMPANY NAME

A:

ADDRESS

INSURANCE CARRIER:

BROKER/AGENT NAME & ADDRESS

INSURANCE BROKER:

INSURANCE LIMITS:

BINDER OR POLICY NUMBER	BEGINNING DATE *(mm-dd-yyyy)* _____
	EXPIRATION DATE *(mm-dd-yyyy)* _____

INSURANCE COVERAGE

PERSONAL INJURY/PERSON	PERSONAL INJURY/ACCIDENT	PERSONAL DAMAGE/ACCIDENT	COMBINED SINGLE LIMIT

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. The required insurance liability coverage will be maintained for all drivers of this vehicle at all times.

(EMBASSY SEAL)

SPECIAL NOTE: Failure to maintain an insurance on this vehicle at the required liability limits of $100,000 per person/$300,000 per accident/$100,000 property damage or $300,000 combined single limit for this vehicle will result in cancellation of registration and recall of the official federal license plates.

OWNER'S SIGNATURE	DATE *(mm-dd-yyyy)*
CO-OWNER'S SIGNATURE	DATE *(mm-dd-yyyy)*

DS-101   *(Formerly DSP-101)*
03-2003

INSTRUCTIONS

1. To avoid delays in processing, please ensure the accuracy of the odometer reading and the vehicle identification number.

2. Always write your name in the following order: surname, given name, initial. Spell your name exactly as it was given to the Office of protocol. (Applications with names different from the accreditation record will be returned for verification.)

3. When writing in numbers only, use the month, date, year format (mm-dd-yyyy). Give your date of birth exactly as it was given to the Office of Protocol.

4. When registration of a personal vehicle is requested, your residence address is required. A duty address is unacceptable unless you live at that address.

5. Copy all the motor vehicle information from the Certificate of Origin or Vehicle Title. Be very careful when copying the vehicle identification number. **Provide mileage displayed on the vehicle's odometer. (This application cannot be processed without odometer information.)**

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

OFFICE OF FOREIGN MISSIONS USE ONLY

NOTATIONS: (Please include the date and your initials.)

OFM USE ONLY

Time/Date Received