



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

**APPLICATION FOR REGISTRATION (MISSION VEHICLE)**

SEE INSTRUCTIONS ON REVERSE

OMB Approval No. 1405 0072  
Expires 03-31-2006  
Estimate Burden 30 minutes\*

**FOR OFFICE USE ONLY**  
**Do Not Write**  
**in this space**

COUNTRY		MISSION TYPE <i>(Embassy, Consulate, UN, OAS, Other)</i>		LICENSE TAG	
ADDRESS <i>(No., Street, Apt., City, State, Zip Code)</i>				#:	
PRINCIPAL DRIVER NAME <i>(SURNAME)</i> <i>(First)</i> <i>(MI)</i>		I.D. NUMBER		(C):	
PRINCIPAL USER NAME <i>(SURNAME)</i> <i>(First)</i> <i>(MI)</i>		I.D. NUMBER		(D):	
STATUS OF PRINCIPAL USER <i>(Check One)</i>				(2#):	
<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				I.D. NUMBER	
ADDRESS WHERE VEHICLE IS PRINCIPALLY GARAGED <i>(No., Street, City, State, Zip)</i>				O:	
VEHICLE IDENTIFICATION NUMBER		MAKE	MODEL	PD:	
BODY	YEAR	WEIGHT	ODOMETER	PU:	
LEIN HOLDER/LEGAL OWNER <i>(Name in Full) If the registered owner is the legal owner write NONE.</i>				A:	
ADDRESS				(LEIN)	
INSURANCE COMPANY NAME				LH:	
ADDRESS				T#:	
BROKER/AGENT NAME				D:	
ADDRESS				LR:	
BINDER OR POLICY NUMBER		BEGINNING DATE (mm-dd-yyyy)	EXPIRATION DATE (mm-dd-yyyy)	INSURANCE	
INSURANCE COVERAGE	PERSONAL INJURY PER PERSON	PERSONAL INJURY PER ACCIDENT	PERSONAL DAMAGE PER ACCIDENT	C:	
OR B. Combined Single Limit - _____ (PERSONAL INJURY AND PROPERTY DAMAGE PER ACCIDENT)				P/A/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 ANY FEDERAL MATTER, THE INFORMATION STATED HERE IS TRUE AND CORRECT. THE REQUIRED INSURANCE				COMB _____	
(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.		SPLIT _____		
	AUTHORIZED SIGNATURE(S)		DATE(S) (mm-dd-yyyy)		

\* The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approved has expired. We would appreciate any comments on the estimated response burdens, and recommendations for reducing them. Please send your comments to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

## INSTRUCTIONS

1. In addition to this form, you must submit:
  - a. The Certificate of Origin **or** the Title for the vehicle  
  
and
  - b. A photocopy of the insurance binder sheet **or** the declaration page. You must have liability coverage of \$100,000 personal/\$300,000 per accident/\$100,000 property **or** \$300,000 combined single limit.
2. You must type all answers, or write them in block letters.
3. Always write names with surname first, then first name, the middle name or 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 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 Office of Protocol. Applications with a date of birth different from the accreditation record will be returned for correction.
5. Give your current residence address. A duty address is unacceptable unless you live at that address.
6. Copy all the motor vehicle information from the Certificate of Origin or Title. Be very careful when copying the vehicle identification number (VIN).
7. If applicable, provide the name and address of the bank or other institution with a financial interest (lien) in the motor vehicle.
8. You must sign and date the application, and it must bear the Mission seal.