

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

OMB Approval No. 1405-0105 Expires xx-xx-xxxxx \*Estimated burden 15 minutes

# **APPLICATION FOR REPLACEMENT PLATES**

SEE INSTRUCTIONS ON PAGE 2					License Plate Number
ATTENTION: Application cannot be processed without completion of gray shaded areas.  Country  Mission Type (Embassy, Consulate, UN, OAS, Other)					
,					
Reason for New Plates (Check one box)  1 Plate lost/stolen					
Change in position: New position					FOR OFFICE USE ONLY  Do Not Write  in this space
Other (Specify reason)					Fee Fee
Date Plates Lost/Stolen (m	OFM Report	Number		P Title Moved to	
Owner Name (Surname) (First)				(MI.)	Title Moved to Name
I.D. Number	Date of Birth (mr	n-dd-yyyy)	Visa	Principa Depend	
Address (Number, Street, Apartment, City, State, Zip Code)					ent
					I.D. Number
Co-owner Name (Surname) (First) (MI.)					
	In a special		1.75-		
I.D. Number	Date of Birth (mr.	n-dd-yyyy)	Visa	Principa  Depend	
Vehicle Identification Number			Make	Model	Tag Number
Body	Year Weig	jht	Odometer	Color	(Insurance OK)
Lien Holder/Legal Owner (Name in Full) If the registered owner is the legal owner, write NONE.					Production Dates
Address					
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.					001, ited
	Authorized S	ignature(s)		Date(s) (mm-dd-yyyy	<i>'</i> )
(MISSION SEAL)					

#### INSTRUCTIONS

- 1. Immediately report lost/stolen plates or a stolen vehicle to OFM at 202-895-3521 between 8 am- 5pm or at 571-345-3146 outside business hours
- 2. 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 Office of Protocol. Applications with names different from the accreditation record will be returned for correction.
- 4. When writing dates month first, then day, then year (mm-dd-yyyy). 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. The application must show an authorized signature: for personal vehicles, the owner (and co-owner if applicable); for mission vehicles, the appropriate administrative officer.
- 8. The application must bear the mission seal.

# OFFICE OF FOREIGN MISSIONS USE ONLY

NOTATIONS (Please include the date and your initials.)

OFM LISE ONLY

Time/Date

## 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 replacement plates for foreign diplomatic motor vehicles.

**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 replacement plates for foreign diplomatic motor vehicles.

### 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.

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