

VEHICLE REGISTRATION APPLICATION

Purpose: Use this form to apply for registration of your vehicle.

Note: You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For

the City of Virginia Beach only, DMV collects local vehicle registration fees.

Instructions: Refer to the Registration Information Sheet (VSA 14I) for general registration information. All owners must sign the Certification section. Mail

completed form with a check or money order (made payable to DMV) to the Special Registration Work Center at the above address, or present to

any DMV Customer Service Center (CSC) or DMV Select.

Note: A \$10.00 late fee will be charged if registration is renewed after the expiration date.

OWNER INFORMATION OWNERS FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned) TELEPHONE NUMBER DMV CUSTOMER NUMBER / FEIN / SSN CO-OWNERS FULL LEGAL NAME (last, first, mi, suffix) NOTE: Owners (and Lassees if applicable) MUST provide their residence/home/business address where requested, this address RESIDENCE/BUSINESS JURISDICTION CONNERS RESIDENCE/BUSINESS ADDRESS (Apt # if applicable) CITY STATE ZIP CODE CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable) CITY STATE ZIP CODE CO-OWNER EMAIL ADDRESS LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED IF NEW LOCATION ENTER DATE CHANGED IF NEW LOCATION ENTER DATE IF NEW LOCATION ENTER IF NEW LOCATION ENTER IF NEW LOCATION ENTER IF NEW LOCATION ENTER IF			REGIST	RATION	INFORMA [*]	TION					
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PERSONAL USE Is this vehicle held in a private trust for non-business purposes by an individual beneficiary? YES NO	FUEL GAS TYPE ELECTRIC IS VEHICLE STATE OR LOCALITY-OWNED?	VWR WEIGHT SINGLE VEHI DIESEL OTHER OTHER YES - enter agency code	ICLE (manufacturer) G FUEL TYPE AGENCY CODE PERSONAL PRO	VEHICLE COLOR	GHT (truck & a	nttached trailer)	IS THIS A LC	MBINED WEIG	GHT (truck 8 ES IS TH LOGO VEHIO	attached trailer)	

FOR HIRE INFORMATION										
Check to indicate how the vehicle being registered will be used. (check all that apply)										
PASSENGER CARRIER OPERATIONS ————————————————————————————————————										
1 1	Common Carrier - Irregular Route Contract Passenger Carrier Non-Emergency Medical Transport Household Goods Carrier *									
1 1	□ Nonprofit/Tax-Exempt □ Taxicab □ Exempt Operations - Property *									
* You must also complete the For-Hire Vehicles Registration Request (MCS115)										
Do you hold a valid intrastate operating authority certificate/permit? YES NO										
If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115).										
	PLATE INFORMATION									
Note: Virginia offers more than 200 unique plates for our citizens. Please visit www.dmvNow.com for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information.										
New Plates: (check one)	Standard - (Vir	ginia is for Lovers)		ountain to	Seashore					
Heritage (Dogwood-Ca	,	Great Seal	_	•	Plate (enter type	´ -				
G\	/WR or GCWR of 7,501 t		usiness only; farm					6,000 lbs.; trucks/tractor trucks with axicabs or other motor vehicles		
☐ Farm Plate - You must	: ALSO complete the F	arm Vehicle Plate Cer	tification (VSA	131).						
Trailer Permanent - one-ti	me fee (check one):	Regular size plate		Small siz	e plate (trailer gro	ss weig	ht must b	pe 4,000 lbs or less)		
For Hire Plate (enter d	escription):				Passenger For H	Hire, Tov	w Truck,	etc.)		
Reissue Plates/Decals(ch	heck one)	s	Decals (enter m	onth/year)			Decal	s (enter month/year)		
☐ Lost ☐	Mutilated/Destroyed	Illegible	☐ Conf	scated		lwa	ant a nev	w plate design/character combinatior		
☐ PERSONALIZED LIC	ENSE PLATES: To r	equest personalized lic	ense plates, ch	eck this l	oox and enter yo	ur choi	ces bel	DW.		
1 _{st}		2 _{nd}								
3rd		4th								
	airment Indicator Or	tion - For law enforce	ment purposes,	I reques	t a DMV record	indicato	or for a	disability that can impair		
communication.		INSUR	ANCE CERT	ΊΕΙCΔΤ	ION					
I/We certify that (check on	 ne):	moon	ANOL OLIVI	11 10/11	1014					
This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement. Be advised that the amount of liability coverage required is higher for vehicles that are operated for hire.										
	hen it is registered, and	it must remain insured v						verage.) A vehicle must be insured red motor vehicle fee must be paid.		
			NOTICE							
PRIVACY NOTICE: The in	formation, including So	cial Security Number, is			with Virginia Code	e §§46.2	2-623 ar	nd 46.2-629. Any person who refuses		
PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code §§46.2-208 through 46.2-214 and 18 U.S.C. 2721.										
POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we										
appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.										
CERTIFICATION										
I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.										
If the vehicle to be registered has a gross weight of 26,001 pounds or more, I/we further certify and affirm my/our knowledge of all applicable state and federal motor carrier safety and hazardous materials laws and regulations.										
If I/we have requested Amateur Radio Operator Call Letter license plates, I/we certify and affirm that I/we will return those plates to DMV for another type of license plate within 90 days if my/our amateur radio license becomes invalid for any reason.										
An authorized representative must sign for a corporation or company.										
APPLICANT/AUTHORIZED CORPORATION/COMPANY REPRESENTATIVE SIGNATURE DAYTIME TELEPHONE NUMBER () DATE (mm/dd/yyyy)										
CO-APPLICANT SIGNATUR	ξΕ			DAYTIN	E TELEPHONE N	UMBER	l	DATE (mm/dd/yyyy)		
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CSC TRANSACTION FEE (TOTAL RENEWALS X \$5) CSR STAMP										
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REGISTRATION FEE	REISSUE FEE	UMV FEE	FEE TOTAL							