

# Department of Motor Vehicles



Ministry of Transportations, Works and Utilities, Government of the Virgin Islands  
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**Branch Office:** Central Admin Complex, Valley, Virgin Gorda  
Tel: 284-468-6567

[Regulation 7 (3)]

## Vehicle Registration Form

Registration No: P \_\_\_\_\_ CM \_\_\_\_\_ MC \_\_\_\_\_ RT \_\_\_\_\_ GV \_\_\_\_\_  
B \_\_\_\_\_ L \_\_\_\_\_ T \_\_\_\_\_ S \_\_\_\_\_ TX \_\_\_\_\_

Vehicle Type: (Car, SUV, Jeep, Pickup etc.) \_\_\_\_\_

Make: (Ford, Mitsubishi etc.) \_\_\_\_\_ No. of doors: \_\_\_\_\_

Model: (Explorer, Lancer etc.) \_\_\_\_\_ No. of Cylinders \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Engine No.: \_\_\_\_\_

Vehicle Identification No. (Chassis No.) \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Colour: \_\_\_\_\_ Unladen Weight: \_\_\_\_\_  
*(Inspecting Officer will verify the weight)*

Customs T-12 No.: \_\_\_\_\_ Customs Receipt No.: \_\_\_\_\_

Date of Registration: \_\_\_\_\_  
Day Month Year

Insurance Policy Number: \_\_\_\_\_

### Legal Owner/s

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
*(Please affix company stamp or seal)*

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Agent's Signature & Company Stamp \_\_\_\_\_  
*(Please affix /Agent's company stamp or seal)*