



# Department of Motor Vehicles

Ministry of Transportation, Works and Utilities, Government of the Virgin Islands  
R & R Malone Complex, Pockwood Pond, Tortola, BVI  
Tel: 284-468-4080/4081 Email: [dmv@gov.vg](mailto:dmv@gov.vg); Website: [bvi.gov.vg](http://bvi.gov.vg)

## SPECIMEN SHEET

*(To be submitted in hardcopy along with valid trade license to DMV)*

Name of Company: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Company of Stamp **OR** Seal (affix stamp/seal in space below)

Authorised Person(s)

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
NAME SIGNATURE

\_\_\_\_\_  
NAME SIGNATURE

I Owner's name hereby authorize the above named person(s) to  
conduct the business of motor vehicle registrations and transfer only, at the Department of Motor  
Vehicles , on behalf of Name of Company

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
Title of Position Contact Number