Form 1

Schedule 1

Department of Motor Vehicles

Ministry of Communications and Works, Government of the Virgin Islands
R & R Malone Complex, Pockwood Pond, Tortola, BVI, VG1130
Tel: 284-468-4080 0r 468-4081; Email: dmv@gov.vg; Website: www.bvi.gov.vg
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)

FOR OFFICIAL USE ONLY

Revised May, 2011

Verified by: _____ Receipt No.: _____