



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

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 14 I](#)) for general 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.

REGISTRATION INFORMATION									
Registration Type: (check one)									
<input type="checkbox"/> Original	<input type="checkbox"/> Reissue (Plates & Decals)	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer License Plate Number: _____						
								ENTER PLATE NUM	
Check if applicable:									
<input type="checkbox"/> For Hire (complete "For Hire Information" section)	<input type="checkbox"/> Rental Vehicle	<input type="checkbox"/> Private	<input type="checkbox"/> Other: _____						
								SPECIFY	
See Reissue Plates below under Plate Information.									
Registration Period: (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies) <input type="checkbox"/> Three Years (\$3 discount applies) (not available for vehicles subject to emissions testing)									
OWNER INFORMATION									
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)					TELEPHONE NUMBER		DMV CUSTOMER NUMBER / FEIN / SSN		
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)					TELEPHONE NUMBER		DMV CUSTOMER NUMBER / FEIN / SSN		
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.							RESIDENCE/BUSINESS JURISDICTION		
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)				CITY			STATE	ZIP CODE	
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)				CITY			STATE	ZIP CODE	
OWNER EMAIL ADDRESS				CO-OWNER EMAIL ADDRESS					
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____				IF NEW LOCATION ENTER DATE CHANGED _____		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.									
REGISTRATION MAILING ADDRESS - OPTIONAL				CITY			STATE	ZIP CODE	
LEASE INFORMATION (if applicable)									
LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)					TELEPHONE NUMBER		DMV CUSTOMER NUMBER / FEIN / SSN		
LESSEE'S RESIDENCE/BUSINESS ADDRESS				CITY			STATE	ZIP CODE	
VEHICLE INFORMATION									
YEAR	MAKE		MODEL			BODY TYPE			
VEHICLE IDENTIFICATION NUMBER (VIN)				TITLE NUMBER		CURRENT PLATE NUMBER		NUMBER OF AXLES	
EMPTY WEIGHT		GVWR WEIGHT SINGLE VEHICLE (manufacturer)		GROSS WEIGHT (truck & attached trailer)		GCWR COMBINED WEIGHT (truck & attached trailer)			
FUEL TYPE	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER	OTHER FUEL TYPE _____		VEHICLE COLOR	PRIMARY		IS THIS A LOW SPEED VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS VEHICLE STATE OR LOCALITY-OWNED?		<input type="checkbox"/> YES - enter agency code <input type="checkbox"/> NO	AGENCY CODE _____		DIVISION CODE _____		STATE _____		
PERSONAL PROPERTY TAX RELIEF ELIGIBILITY									
1. Answer the questions below to determine if your vehicle qualifies for car tax relief.								YES	NO
a. Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?								<input type="checkbox"/>	<input type="checkbox"/>
b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes?								<input type="checkbox"/>	<input type="checkbox"/>
c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?								<input type="checkbox"/>	<input type="checkbox"/>
d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?								<input type="checkbox"/>	<input type="checkbox"/>
2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. <input type="checkbox"/> BUSINESS USE									
3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below. <input type="checkbox"/> PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary? <input type="checkbox"/> YES <input type="checkbox"/> NO									

FOR HIRE INFORMATION

Check to indicate how the vehicle being registered will be used. (check all that apply)

PASSENGER CARRIER OPERATIONS			PROPERTY CARRIER OPERATIONS		
<input type="checkbox"/> Common Carrier - Regular Route	<input type="checkbox"/> Employee Hauler	<input type="checkbox"/> Sight-seeing Carrier	<input type="checkbox"/> Property Carrier *	<input type="checkbox"/> Household Goods Carrier *	<input type="checkbox"/> Exempt Operations - Property *
<input type="checkbox"/> Common Carrier - Irregular Route	<input type="checkbox"/> Contract Passenger Carrier	<input type="checkbox"/> Non-Emergency Medical Transport			
<input type="checkbox"/> Nonprofit/Tax-Exempt	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Exempt Operations - Passengers *			

* 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 <https://www.dmv.virginia.gov> 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 - (Virginia is for Lovers) Mountain to Seashore
 Heritage (Dogwood-Cardinal) Great Seal Special Plate (enter type) _____
 Permanent Plate - may be issued to trailers, travel trailers, or semi-trailers; trucks/tractor trucks with a GVWR or GCWR of more than 26,000 lbs.; trucks/tractor trucks with GVWR or GCWR of 7,501 to 26,000 lbs. if used for business only; farm vehicles registered pursuant to § 46.2-698; taxicabs or other motor vehicles performing a taxicab service; common carrier vehicles
 Farm Plate - You must ALSO complete the Farm Vehicle Plate Certification (VSA 131).

Trailer Permanent Plates: one-time fee (check one): Regular size plate Small size plate (trailer gross weight must be 4,000 lbs or less)

For Hire Plate (enter description): _____ (examples: Taxi, Passenger For Hire, Tow Truck, etc.)

Reissue Plates/Decals: (check one) Plates Plates and Decals (enter month/year) _____ Decals (enter month/year) _____

Lost Mutilated/Destroyed Illegible Confiscated I want a new plate design/character combination

PERSONALIZED LICENSE PLATES: To request personalized license plates, check this box and enter your choices below.

1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Communication Impairment Indicator Option: For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication.

INSURANCE CERTIFICATION

I/We certify that 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.

NAME OF INSURANCE COMPANY

NOTICE

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 SIGNATURE	DAYTIME TELEPHONE NUMBER ()	DATE (mm/dd/yyyy)

DMV USE ONLY

CHECK IF NO FEE <input type="checkbox"/>			CSC TRANSACTION FEE (TOTAL RENEWALS X \$5)	CSR STAMP
LICENSE PLATE NUMBER	DECAL MONTH	DECAL YEAR	ADDITIONAL FEE	
REGISTRATION FEE	REISSUE FEE	UMV FEE	FEE TOTAL	