



Ministry of Communications and Works, Government of the Virgin Islands

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[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)