VEHICLE REGISTRATION APPLICATION

VSA 14 (07/01/2016)

www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

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 14I) for general registration information. All owners must sign the Certification section. Mail completed form with a check or money order (made payable to DMV) to the Titling Work Center at the above address, or present to any DMV Customer Service Center (CSC) or DMV Select.

Note: A $5 service fee per vehicle applies to each renewal transaction conducted in a CSC, unless the renewal is conducted with another transaction that cannot be completed by internet, automated telephone, mail or at a DMV Select. A $10.00 late fee will be charged if registration is renewed after the expiration date.

REGISTRATION INFORMATION

Registration Period: (check one) ☐ One Year ☐ Two Years ($2 discount applies) ☐ Three Years ($3 discount applies) **(not available for vehicles subject to emissions testing)**

Registration Type: (check one) ☐ Original ☐ Renewal ☐ Private ☐ Reissue (Plates & Decals) See Reissue Plates below under Plate Information.

☐ Reissue (Decals Only) ☐ Rental Vehicle ☐ Transfer License Plate Number: _____ ENTER PLATE NUM

☐ For Hire (complete "For Hire Information" section) ☐ Ridesharing (Vanpool) (Cannot exceed 16 passengers including driver.) Seating Capacity ___

☐ Amateur Radio Operator Call Letters – Specify letters: _____ ☐ Other: _____ SPECIFY

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

ADDITIONAL INFORMATION

LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED ☐ CITY ☐ COUNTY ☐ TOWN OF _____	IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? ☐ YES ☐ 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