



**GOVERNMENT
OF
THE VIRGIN ISLANDS OF THE UNITED STATES
OFFICE OF THE GOVERNOR
BUREAU OF MOTOR VEHICLES
AFFIDAVIT FOR LOST, STOLEN OR DESTROYED**



DL/ID/HANDICAP Card LICENSE PLATE REGISTRATION CERTIFICATE OF TITLE STICKER

I, _____, WHO RESIDES AT
_____, ST. _____, U.S. VIRGIN
ISLANDS. MAILING ADDRESS: _____ ZIP: _____.

DO HEREBY STATE THAT ON OR ABOUT THE _____ DAY OF _____, 20____.
MY _____ WAS LOST STOLEN DESTROYED

**I AUTHORIZE (IF APPLICABLE) _____ TO ACT ON
MY BEHALF.**

(FILL IN ALL THE INFORMATION BELOW FOR DRIVERS'S LICENSE OR REGISTRATION REPLACEMENT)

DRIVER'S LICENSE/ID CARD/HANDICAP CARD

DATE OF BIRTH PLACE OF BIRTH COLOR OF EYES COLOR OF HAIR HT WT

DATE ISSUED (IF KNOWN) DATE EXPIRED (IF KNOWN) SOCIAL SECURITY NUMBER

VEHICLE DESCRIPTION

MAKE MODEL YEAR PLATE NO. (IF KNOWN) COLOR BODY STYLE

VEHICLE IDENTIFICATION NUMBER

SWORN AND SUBSCRIBED TO BEFORE ME AS TRUE AND CORRECT, THIS _____ DAY OF _____, 20____.

OWNER'S SIGNATURE

NOTARY PUBLIC

AUTHORIZED SIGNATURE (IF APPLICABLE)

BELOW FOR AUTHORIZED USE ONLY

FILE SEARCH BY: _____

NEW LICENSE ISSUED: YES _____ NO _____

SSN# _____

SSN# VERIFIED: YES _____ NO _____

NEW PLATE NUMBER: _____

NEW STICKER NUMBER: _____

IDENTIFICATION NOTED BY: _____ DATE: _____



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To complete this transaction please read the requirements below:

- This Document must be notarized in order to obtain a duplicate of any of the items selected on the reverse side of this document.
- In order to complete this transaction, an unexpired ID of the Owner must accompany this document.

**WE DO NOT ACCEPT FOOD HANDLERS CARDS OR VOTERS
REGISTRATION CARDS FOR IDENTIFICATION.**