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 T	ITLE STICKER	
I,		, WHO RES	IDES AT		
		, S	ST	, U.S. VIRGIN	
ISLANDS. MAILING	GADDRESS:		ZIP:		
DO HEREBY STATE					
MY		WAS LOS	T STOLEN	DESTROYED 🗖	
I AUTHORIZE (IF A MY BEHALF.	APPLICABLE)			TO ACT ON	
(FILL IN ALL THE INFO	RMATION BELOW I	FOR DRIVERS'S LIC	ENSE OR REGISTRAT	ION REPLACEMENT)	
DRIV DATE OF BIRTH			HANDICAP CA		
DATE ISSUED (IF KN	,	IPIRED (IF KNOW	,	ITY NUMBER	
MAKE MODEL Y	'EAR PLATE	NO. (IF KNOW)	N) COLOR I	BODY STYLE	
	VEHICLE I	IDENTIFICATIO	N NUMBER		
SWORN AND SUBSCRIB				Y OF, 20	
OWNER'S SIGNATU	URE		NOTARY	PUBLIC	
AUTHORIZED SIGN	NATURE (IF APP	PLICABLE)			
	BELOW FO	OR AUTHORIZEI	O USE ONLY		
FILE SEARCH BY:		NI	W LICENSE ISSUED	D: YESNO	
SSN#					
NEW PLATE NUMBER		NI	W STICKER NUMB	ER:	
IDENTIFICATION NOT	ГЕ D BY:	DAT	`E:		

BMV FORM NO. 2019-04 | REV. Jun-24-2020





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.