VA Police Vehicle Registration Form

Please bring your vehicle registration, proof of insurance, and driver's licensefor all vehicles you want to register. Fill out this form and print. Do not email this form.

Personal Information

Name _____
Last First Full Middle

SSN _____ DOB (MM/DD/YYYY) _____

Driver's License # _____ State _____

Home Street Address _____

City _____ State _____ Zip Code _____

Gender _____ Race _____ Eye Color _____

Hair Color _____ Height _____ Weight _____

Work Information

Service _____ Position _____

Phone Ext. _____

For Police Use Only

Verified By _____ Date _____

Entered By _____ Date _____

Print Form

Rev. 1/16/2015

Vehicle #1 Information

Make _____

Model _____

Year _____ Style Select

Color _____

VIN # _____

License Plate # _____

State _____

Decal # _____

(Provided By Police)

Vehicle #2 Information

Make _____

Model _____

Year _____ Style Select

Color _____

VIN # _____

License Plate # _____

State _____

Decal # _____

(Provided By Police)

Vehicle #3 Information

Make _____

Model _____

Year _____ Style Select

Color _____

VIN # _____

License Plate # _____

State _____

Decal # _____

(Provided By Police)