



Department of Motor Vehicles

Ministry of Communications and Works, Government of the Virgin Islands

R & R Malone Complex, Pockwood Pond, Tortola, BVI

Tel: 284-468-4080/4081 Email: dmv@gov.vg; Website: bvi.gov.vg

SPECIMEN SHEET

(To be submitted in hardcopy along with valid trade license to DMV)

Name of Company: _____

Name of Owner(s): _____

Company of Stamp **OR** Seal (affix stamp/seal in space below)

Authorised Person(s)

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

I Owner's name hereby authorize the above named person(s) to
conduct the business of motor vehicle registrations and transfer only, at the Department of Motor
Vehicles , on behalf of Name of Company

SIGNATURE

DATE

Title of Position

Contact Number