



# COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

## Department of Public Safety

### DIVISION OF MOTOR VEHICLE/RECORD & FIREARMS IDENTIFICATION SECTION



Claudio Norita  
Commissioner, DPS

Benigno R. Fitial  
Governor

Timothy P. Villagomez  
Lieutenant Governor

#### Checklist Requirement for Motor Vehicle Transaction

Emergency (24 hrs.) 911

DPS Main Switchboard  
(670) 664-9000

Office of the  
Commissioner  
Tel : 664-9022  
Fax: 664-9027

Police Division  
Tel : 664-9001/2

Fire Division  
Tel : 664-9003/4  
Fax: 664-9009

Bureau of Motor Vehicle  
Tel : 664-9066  
Fax: 664-9067

Training and Development  
Tel : 664-9094  
Fax: 664-9096

Administrative Support  
Tel : 664-9000  
Fax: 664-9019

Criminal Investigation  
Tel : 664-9042  
Fax: 664-9051

Traffic Investigation  
Tel : 664-9084  
Fax: 664-9086

Office of Special Services  
Tel : 664-9120  
Fax: 664-9141

Rota DPS  
Tel : (670) 532-9433  
Fax: (670) 532-9434

Tinian DPS  
Tel : (670) 433-9222  
Fax: (670) 433-9259

#### RENEWAL

- Motor Vehicle Registration Card
- Motor Vehicle Safety Inspection
- Motor Vehicle Liability Insurance
- Payment at Window #6 (**note: revise to current payment procedures**)
- Fill out Vehicle Registration Application to be accompanied with I.D.

#### TRANSFER

- Fill out Vehicle Registration Application
- Fill out Certification Application
- Copy of Driver's License or any I.D. bearing their signature
- Motor Vehicle Liability Insurance
- Bill of Sale must be notarized, otherwise, acknowledge presence of both seller & buyer.
- Certificate of Ownership must be signed off on lines 1 & 2, relinquishing rights to the car. If the registration read (**and**) as two registered owners, then both must sign, if (**or**) it's either one of the registered owner(s).
- Payment at windows #6 (**note: revise to current payment procedures**)

#### TRANSFER/RENEWAL

- Fill out Vehicle Registration Application
- Fill out Certification Application
- Copy of Driver's License or any I.D. bearing their signature
- Motor Vehicle Liability Insurance
- Bill of Sale must be notarized, otherwise, acknowledge presence of both seller & buyer.
- Certificate of Ownership must be signed off on lines 1 & 2, relinquishing rights to the car. If the registration read (**and**) as two registered owners, then both must sign, if (**or**) it's either one of the registered owner(s).
- Motor Vehicle Safety Inspection
- Payment at window #6 (**note: revise to current payment procedures**)

#### DUPLICATION

- Fill out Duplication of Vehicle Registration/Certificate of Ownership Application
- Authorization letter from registered owner of vehicle
- Copy of Driver License whomever is obtaining the duplication
- Payment at window #6 (**note: revise to current payment procedures**)



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES**



SAIPAN

TINIAN

ROTA

**VEHICLE REGISTRATION APPLICATION**

**9 CMC, Division 2, Subsection 2101, Registration Application.**

Every owner of a motor vehicle shall, before operating any such motor vehicle on any highway of the Commonwealth, register it with the Bureau, The application for registration shall be made on the prescribed form, signed by the owner or authorized representative with written authorization

RENEWAL WITH NO CHANGE: Indicate license plate number only

HAS THIS VEHICLE BEEN MODIFIED OR CHANGED FROM DESIGN? If yes, explain or furnish an affidavit regarding modification change: \_\_\_\_\_

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> CNMI GOVERNMENT	DATE: _____
<input type="checkbox"/> USED	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> NON-COMMERCIAL	<input type="checkbox"/> U.S. GOVT/U.S. MILITARY	RECEIVED BY: _____
<input type="checkbox"/> CHANGE OF INFORMATION				RECEIPT NO: _____

**OWNER #1 PLEASE CHECK: ( ) And OR ( ) Or**

NAME: (Last) _____ (First) _____ (Middle Name) _____	EMPLOYER _____	SOCIAL SECURITY NO.: _____	DATE OF BIRTH: _____
ADDRESS: (RESIDENCE) _____	MAILING ADDRESS _____	DRIVER'S LICENSE NO. _____	CITIZENSHIP _____ ETHNIC _____ TELEPHONE NO. _____

**OWNER #2 PLEASE CHECK: ( ) And OR ( ) Or**

NAME: (Last) _____ (First) _____ (Middle Name) _____	EMPLOYER _____	SOCIAL SECURITY NO.: _____	DATE OF BIRTH: _____
ADDRESS: (RESIDENCE) _____	MAILING ADDRESS _____	DRIVER'S LICENSE NO. _____	CITIZENSHIP _____ ETHNIC _____ TELEPHONE NO. _____

BUSINESS/COMPANY NAME _____	BUSINESS LOCATION _____	MAILING ADDRESS _____	TELEPHONE NO. _____
-----------------------------	-------------------------	-----------------------	---------------------

**PLEASE CHECK: ( ) LEGAL OWNER ( ) LIEN HOLDER**

NAME OF LEGAL OWNER OR LIENHOLDER #1 _____	ADDRESS _____	TELEPHONE NO. _____
BUSINESS /COMPANY NAME _____	ADDRESS _____	TELEPHONE NO. _____

**VEHICLE INFORMATION RIGHT HAND DRIVE: Y \_\_\_\_\_ N \_\_\_\_\_**

LICENSE PLATE NO. _____	YEAR _____	MAKE _____	MODEL _____	BODY TYPE _____	COLOR _____	WEIGHT _____	FUEL _____	CAPACITY _____
-------------------------	------------	------------	-------------	-----------------	-------------	--------------	------------	----------------

VEHICLE IDENTIFICATION _____	ENGINE NO. _____	CYLINDERS _____	VEHICLE TYPE _____	PREVIOUS LICENSE NO. AND STATE _____
------------------------------	------------------	-----------------	--------------------	--------------------------------------

INSURED BY: _____	POLICY NO.: _____	POLICY EXPIRES _____
-------------------	-------------------	----------------------

PRINT NAME & SIGN _____	TITLE (OWNER OR AUTHORIZED REPRESENTATIVE) _____	DATE SIGNED _____
-------------------------	--------------------------------------------------	-------------------

**MOTOR CARRIER ASSISTANCE PROGRAM  
DECLARATION FORM**

I, \_\_\_\_\_ (Name of Company Representative) of \_\_\_\_\_ (Company Name) declare knowledge of Public Law 10-11 "Motor Carrier Safety Act," the Federal Motor Carrier Safety Regulations (FMCSR) and the federal Hazardous Material Regulations (FHMR).

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_