



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles

5707 MacCorkle Avenue, Southeast
Post Office Box 17070
Charleston, West Virginia 25317-0010
(877) 215-2522 Fax (304) 558-3275

Non-West Virginia Residency Statement

I, _____, do hereby attest to the following facts concerning my residency.

1. On ___ / ___ / ___, I became a: (circle one) resident / employee / active military / student in the State of _____, where I intend to fulfill my DUI Safety and Treatment requirements. I have attached current proof of residency, employment, military duty station, or college or university enrollment.

2. My current address is: _____
STREET

CITY STATE ZIP

3. My date of birth is: ___ / ___ / ___
MONTH DAY YEAR

4. My Social Security Number (SSN) is: ___ - ___ - _____

THE AFFIANT DOES HEREBY SWEAR AND ATTEST THAT THE AFOREMENTIONED STATEMENTS ARE TRUE AND ACCURATE UNDER THE PENALTIES OF PERJURY.

Signature: (X) _____ Date: ___ / ___ / ___
MONTH DAY YEAR

NOTE: ALL DOCUMENTS MUST BE ATTACHED AND SIGNATURE MUST BE NOTARIZED OR IT WILL BE REJECTED.

The foregoing Statement was subscribed and affirmed before the undersigned authority this ___ day of _____, _____.
MONTH YEAR

(X) _____
NOTARY PUBLIC SIGNATURE [Affix Notarial Seal in area to the right.]

My commission expires: ___ / ___ / ___
MONTH DAY YEAR