

West Virginia Department of Transportation

Division of Motor Vehicles Dealer Recovery Fund Complaint Form



PO Box 17100 • Charleston, WV 25317
1-800-642-9066 • dmV.wv.gov

ENCLOSE ALL REQUIRED DOCUMENTATION AND FOLLOW ALL INSTRUCTIONS PROVIDED BELOW.

- A copy of any cancelled check made payable to the dealer, or a receipt attesting payment must be submitted with this form.
- A copy of the Bill of Sale must be submitted with this form.
- A statement must be provided as to the location of the vehicles' Certificate of Title.
- If applicable, an attested copy of a final court judgement must be submitted with this form.
- An explanation of the complaint must be included on this form under section D below.
- You must sign and date this form below.

A) Complainant Information

NAME OF COMPLAINANT		CONTACT TELEPHONE NUMBER () -	
ADDRESS	CITY	STATE	ZIP CODE

B) Dealership Complaint is Being Filed Against

DEALERSHIP NAME			
ADDRESS	CITY	STATE	ZIP CODE

C) Vehicle and Claim Information

DATE OF PURCHASE	/ /	VIN NUMBER	
MAKE	MODEL	YEAR	CLAIM AMOUNT

D) Explanation of Complaint

E) Complainant Certification

I certify that the statements made are true and correct to the best of my knowledge and belief under penalty of false swearing. West Virginia Motor Vehicle Law §17A-9-1: Fraudulent Applications.

Signature (X) _____ Date ____/____/____

*****THIS SIDE IS FOR DIVISION OF MOTOR VEHICLES USE ONLY*****

TAXES & FEES (DMV)

DEALER (UNDISCLOSED LIEN)

RETAIL PURCHASE (UNDISCLOSED LIEN)

THIRD PARTY GOODS & SERVICES

UNPAID LIEN

CLAIM PAYABLE TO: _____

ADDRESS: _____

Board Approval and Certification

Signature (X) _____

Date ___ / ___ / ___

Signature (X) _____

Date ___ / ___ / ___

Signature (X) _____

Date ___ / ___ / ___

REMARKS: _____
