



West Virginia Department of Transportation
Division of Motor Vehicles
Application for Certificate of Title for a Leased Motor Vehicle

FOR DMV USE ONLY
CLASS _____
NUMBER _____
EXP. DATE _____

TYPE OR PRINT IN BLUE OR BLACK INK
MAKE CHECKS PAYABLE TO DIVISION OF MOTOR VEHICLES
INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM.

The owner(s) of the following vehicle make application for a certificate of title for that vehicle, and, for that purpose, state the following:

LESSOR'S NAME _____
NAME OF PURCHASER TO BE WRITTEN PLAINLY AND EXACTLY AS IT IS TO APPEAR ON THE CERTIFICATE OF TITLE

C/O LESSEE'S NAME _____

LESSOR'S ADDRESS _____
NUMBER STREET CITY/TOWN COUNTY STATE ZIP CODE

VEHICLE DESCRIPTION

Make _____ Year _____ V. I. N. _____
Style of Body _____ Weight _____ Odometer Reading _____
Passenger vehicle only TRUCKS Requested (GVW) (No Tenths)
Lease Permit _____ Base Lease _____ Term in _____ Tax _____
Number Payment Months Amount

TRADE IN DESCRIPTION

Make _____ Year _____ V. I. N. _____ WV Title No. _____
Cash Down or Rebate Amount _____ 5% of Cash Down or Rebate Amount (*cap cost reduction*) _____

REGISTRATION PLATE TRANSFERRED FROM VEHICLE BELOW - SEND COPIES OF BOTH SIDES OF REGISTRATION CARD.

Make _____ Weight _____ V. I. N. _____ Plate No. _____

LIENS AND ENCUMBRANCES

Name of Lien Holder _____ Amount _____
Mailing _____ Kind of Lien C/S/C D/T S/A Date _____
Address Street City State Zip Code

MOTOR VEHICLE INSURANCE POLICY INFORMATION - INSURANCE MUST BE IN EFFECT WHEN APPLICATION IS RECEIVED.

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that the statements made herein 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.

Effective date of insurance policy: From _____ To _____
Name of Insurance Company _____
Name of Insurance Agent _____
Insurance Policy Number _____
National Association Insurance Commissioners (NAIC) Number _____

THIS TITLE APPLICATION MUST BE SIGNED BY THE OWNER

PRINT COMPANY NAME
(X)

OWNER'S SIGNATURE - POWER IF ATTORNEY DOCUMENTS MUST BE PROVIDED IF NOT SIGNED BY OWNER THEMSELVES.

DEALER CERTIFICATION

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that the statements made herein 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.

This is to certify that the above described vehicle was acquired from _____ on
MONTH _____ DAY _____ YEAR _____ and leased to the above-named lessor on MONTH _____
DAY _____ YEAR _____. The undersigned dealer further certifies that the lease payment, term, and tax are true and correct and that the
Federal Odometer Regulation has been satisfied. **FEDERAL ODOMETER REGULATIONS REQUIRE YOU STATE THE ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP.**

I certify to the best of my knowledge that the odometer reading is _____ and reflects the actual mileage unless one of the following is checked:
 1.) The mileage stated is in excess of it's mechanical limits. 2.) The odometer reading is not the actual mileage. **WARNING-ODOMETER DISCREPANCY.**

Dealer Name _____ Dealer No. _____
Dealer Address _____ Dealer Signature **(X)** _____

