

West Virginia Department of Transportation
Division of Motor Vehicles



1-800-642-9066
dmv.wv.gov

**Application/Certificate for Cancellation of Title for Mobile
or Manufactured Home Affixed to Real Property**

A) Owner's Information - Description of Mobile or Manufactured Home

Owner's Name (as it appears on the title):			
Street Address			
West Virginia County	City	State	Zip Code

B) Description of Mobile or Manufactured Home

Make	Year
Serial Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C) Lienholder's Information

Lienholder's Name		
Lienholder's address		
City	State	Zip Code

I hereby request the cancellation of title(s) for my mobile or manufactured home(s), as it has been affixed to real property that I own.

(X) _____
Signature of Owner

(X) _____
Signature of Owner

Date: _____

Daytime Phone Number: _____

Send this form, along with West Virginia title or application of West Virginia title, to:
WV DMV, PO Box 17110 Charleston, WV 25317
FEE: \$10.00