

DIVISION USE ONLY CLASS _____ EXP. DATE _____/_____/_____
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LICENSE PLATE NO. _____

West Virginia Department of Transportation

Division of Motor Vehicles

Application for Transfer of a License Plate



1-800-642-9066

dmv.wv.gov

Current Vehicle Description			
MAKE	YEAR	WEIGHT	TITLE NO.
BODY STYLE		VEHICLE IDENTIFICATION NUMBER (VIN)	
OWNER(S) NAME(S) AS LISTED ON WV TITLE			



Transfer Vehicle Description			
MAKE	YEAR	WEIGHT	TITLE NO.
BODY STYLE		VEHICLE IDENTIFICATION NUMBER (VIN)	
OWNER(S) NAME(S) AS LISTED ON WV TITLE			

Proof of Insurance Information

Name of Insurance Company _____

Name of Insurance Agent _____

Insurance Policy Number _____

National Association of Insurance Companies (NAIC) No. _____

Has your address changed? yes no List Current Address Below

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

IMPORTANT INFORMATION

- You must complete all of the vehicle information on this application. An incomplete application will be returned.
- DO NOT MAIL CASH. Submit your check or money for order for \$10.50 payable to DMV.
- Both vehicles must be titled and registered in the same owner(s) name(s).
- Driving without insurance is against the law. Be sure to provide all requested insurance information above.

Mail Form & Payment To:

WV Department of Transportation
West Virginia DMV
PO Box 17710
Charleston, WV 25317