

FILE NUMBER _____

DATE OF SUSPENSION _____

DMV-INS-1 REV 03/13

West Virginia Department of Transportation

Division of Motor Vehicles | NOTARIZED STATEMENT OF "Unknowingly" Operating a Motor Vehicle Without Insurance



QUESTIONS:
304-926-3802
dmv.wv.gov

THIS FORM IS FOR USE IN RESPONSE TO A PENDING OR EXISTING SUSPENSION THAT PERTAINS TO THE COMPULSORY INSURANCE SECTION OF THE WV DMV. THIS FORM MUST INCLUDE THE OFFICIAL STAMP OR EMBOSSED SEAL OF AN APPOINTED NOTARY PUBLIC WITH THE NOTARY'S OFFICIAL SIGNATURE. RETAIN COPIES OF ALL FORMS SENT TO DMV FOR YOUR RECORDS. SUBMIT BY MAIL OR FAX TO:

**MAIL: WV DMV
Compulsory Insurance
PO Box 17020
Charleston, WV 25317**

FAX: (304) 926-3899

I, _____ hereby certify, I "unknowingly" operated
PRINTED NAME OF DRIVER
the below described vehicle without insurance. I was unaware that there was not a valid insurance policy in effect on
the _____ which is/was owned by
YEAR MAKE MODEL
_____, on _____ the date for
PRINTED NAME OF VEHICLE OWNER DATE
which the "No Proof of Insurance" violation occurred. Furthermore, I declare that all statements made on this notarized statement are true and correct to the best of my knowledge and belief.

(X) _____
SIGNATURE OF DRIVER

(X) _____
SIGNATURE OF VEHICLE OWNER

If the OWNER of the vehicle is unavailable to sign this document you must provide a valid explanation as to why their signature does not appear above. Explanation: _____

NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____, 20_____.

(X) _____
NOTARY PUBLIC SIGNATURE

My Commission expires on _____/_____/_____.

