

West Virginia Department of Transportation
Division of Motor Vehicles
Application for Duplicate Cab Card, Decal, or License Plate



Telephone: (304) 926-0799
 Fax: (304) 926-0797

Motor Carrier Services • 5707 MacCorkle Ave. SE • PO Box 17900 • Charleston, WV 25317

This application is to be used when applying for a duplicate apportioned cab card, license plate, or decals. A new cab card, license plate, or decal will be issued if the Commissioner is satisfied the original is lost, destroyed, or stolen, and upon certification to that effect.

ACCOUNT #		FLEET #	NAME OF REGISTRANT	
BUSINESS ADDRESS (PHYSICAL LOCATION OF FLEET)				
CITY		STATE	ZIP CODE	
MAILING ADDRESS (DO NOT WRITE "SAME")				
CITY		STATE	ZIP CODE	
EQUIPMENT #		VEHICLE IDENTIFICATION #		
TITLE #	APPORTIONED LICENSE NUMBER			
NAME OF INSURANCE COMPANY				NAIC NUMBER
NAME OF INSURANCE AGENT			INSURANCE POLICY NUMBER	

Transaction Details

<p>1 Please check the corresponding box for the transaction you are applying for:</p> <p><input type="checkbox"/> Duplicate Cab Card - \$10.00 Fee</p> <p><input type="checkbox"/> Duplicate Yearly Decal - \$10.00 Fee</p> <p><input type="checkbox"/> Duplicate License Plate - \$10.50 Fee</p>	<p>2 Explain why you are requesting the duplicate(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3 Have any of your vehicle registrations been revoked or suspended in any state or jurisdiction in the past five years?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes" explain)</p> <p>_____</p> <p>_____</p>
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Applicant 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 all statements in this application made herein are true and correct to the best of my knowledge and belief under penalty of law §17A-9-1: Fraudulent Applications.

(X) _____
 AUTHORIZED SIGNATURE OF APPLICANT

