

West Virginia Department of Transportation
Division of Motor Vehicles
Vehicle Removal Certificate



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

1) Vehicle Information

Name of Requester _____

Make of Vehicle _____

V.I.N.

Year

2) Current Location of Vehicle

Street Address _____

City _____ State _____ Zip _____

3) Current Contact Information for Owner of Private Property Upon Which the Vehicle is Located

Name _____ Phone (____)____-____

Street Address _____

City _____ State _____ Zip _____

I, _____, give _____
PROPERTY OWNER APPLICANT

permission to remove the above listed vehicle from the above listed private property.

(X) _____ / /
SIGNATURE OF PROPERTY OWNER DATE

-- NOTARY ONLY --

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

(X) _____ / /
SIGNATURE OF NOTARY COMMISSION EXPIRATION DATE

