

West Virginia Department of Transportation

Division of Motor Vehicles**Application for License Service to Process and Issue Registration Decals**

LICENSE CERTIFICATE NUMBER: _____

Name of firm or trade name under which the license service operates: _____

Mailing Address: _____
STREET ADDRESS CITY STATE ZIPPrincipal Business Address: _____
STREET ADDRESS

CITY COUNTY STATE ZIP Phone: (____)____-____

Address and telephone number of any additional locations in this state where you do business:

STREET CITY STATE ZIP Phone: (____)____-____

STREET CITY STATE ZIP Phone: (____)____-____

STREET CITY STATE ZIP Phone: (____)____-____

Will you keep and maintain in a permanent form all records required by §17-A-6B of the Motor Vehicle Code and Legislative Rules and Regulations? ☐ YES ☐ NO

Name, address and telephone number of local agent of the company issuing bond:

NAME

STREET CITY STATE ZIP Phone: (____)____-____

DMV USEChecked and approved by: _____
NAME DATE**Notary Certification**

State of West Virginia, County of _____, to wit:

Before the undersigned authority this day personally appeared _____, who, being first duly sworn upon his/her oath deposes and says that he/she is the applicant, if the applicant be an individual, or a partner, if the applicant be a co-partnership, or an officer, if the applicant be a corporation, or a member, if the applicant be a limited liability company, or said Code; that all statements contained in this application are true and correct to the best of his/her knowledge and belief, and that he/she understands that fraudulent or misleading statements contained herein may be considered cause for the immediate suspension or revocation of the license certificate issued pursuant to such application.

Taken, subscribed and sworn before me this _____ day of _____ 20____

(X) _____
SIGNATUREMy commission expires ____/____/____.
DATE