



West Virginia Department of Transportation
Division of Motor Vehicles
Dealer Renewal Application

Mail Applications and Fees to: Dealer Services
 PO Box 17100 • Charleston, WV 25317
 304-926-0705 • www.dmv.wv.gov

THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN BLUE OR BLACK INK AND SUBMITTED BEFORE JUNE 1ST.

Dealer License Number: _____

FEE SCHEDULE	FEES DUE ↓	NEW CAR DEALER AND USED CAR DEALER	MOBILE HOME (A) AND TRAILER DEALER (B)	MOTORCYCLE DEALER	AUTO AUCTION	RECREATIONAL DEALER	WRECKER DISMANTLER DEALER
	Recovery Fund	\$150.00	(A) EXEMPT (\$0) (B) \$150.00	\$150.00	EXEMPT (\$0)	\$150.00	EXEMPT (\$0)
	Required Plates and License Certificate	One Plate and License Certificate \$100.00	Four Plates and License Certificate \$25.00	Two Plates and License Certificate \$10.00	One Plate and License Certificate \$100.00	Four Plates and License Certificate \$100.00	License Certificate \$15.00
	Additional Plates	Exempt Plates at \$5.00 each Plates per Formula at \$5.00 each	Additional Plates at \$5.00 each	Additional Plates at \$5.00 each	Additional Plates at \$25.00 each	Additional Plates at \$25.00 each	WD Plates-Towing # DEMO/Only One at \$25.00 Each
	Additional Certificates	more Locations License Certificates at \$1.00 per each	more Locations License Certificates at \$1.00 per each	more Locations License Certificates at \$1.00 per each	more Locations License Certificates at \$1.00 per each	more Locations License Certificates at \$1.00 per each	more Locations License Certificates at \$1.00 per each
	Special Demo Plates	First Special Demo Plate for \$100.00 Additional Special Demo Plate(s) at \$50.00 each	N/A	N/A	N/A	N/A	N/A
	Total Fees Due	\$	\$	\$	\$	\$	\$

Dealership Name: _____ Telephone Number () - _____

Mailing Address: _____
STREET ADDRESS CITY COUNTY ZIP

Business Address: _____
STREET ADDRESS CITY COUNTY ZIP

Detailed Dealer Questionnaire

1. Any dealership changes pursuant to §17A-6-9 since the last renewal? No Yes • If "yes", submit form MV-126-M-DS with this application.

2. Indicate the number of vehicles sold as wholesale and retail _____. If licensed within the past fiscal year check here .

3. List any additional locations of operation for your dealership. *Attach addendum if necessary.

Telephone Number: () - _____
STREET ADDRESS CITY STATE ZIP

Telephone Number: () - _____
STREET ADDRESS CITY STATE ZIP

4. List business name and address of the repair facility servicing vehicles for the dealership. Write "NA" if repair facility address is same as dealership.

Repair Facility Name: _____
STREET ADDRESS CITY STATE ZIP

5. List name, home address, and home telephone number of individual, partners, or corporate officers.

NAME _____ () - _____
PHONE NUMBER STREET ADDRESS CITY STATE ZIP

NAME _____ () - _____
PHONE NUMBER STREET ADDRESS CITY STATE ZIP

NAME _____ () - _____
PHONE NUMBER STREET ADDRESS CITY STATE ZIP

CONTINUED ON REVERSE SIDE

Continued Detailed Dealer Questionnaire

6. List names of individuals authorized to transact business on behalf of the dealership.

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

7. Liability insurance pursuant to §17A-6-4, DMV Form 126-DS-J: Certificate of Liability Insurance must be submitted with application.

Insurance Company Name: _____ Policy Number: _____ NAIC Number: _____
Address: _____
STREET ADDRESS CITY STATE ZIP
Insurance Agent Name: _____ Telephone Number: (____) _____ - _____
Agent Address: _____
STREET ADDRESS CITY STATE ZIP

8. Bond pursuant to §17A-6-4, DMV Form 126-DS-P, Bond must be submitted with application along with a power of Attorney.

Bond Company Name: _____ Bond Number: _____
Bond Company Address: _____
STREET ADDRESS CITY STATE ZIP
Local Agent Name: _____ Telephone Number: (____) _____ - _____
Agent Address: _____
STREET ADDRESS CITY STATE ZIP

9. Has applicant or any partner, if a partnership, or any officer or director, if a corporation, been convicted of a felony within the last year?

No Yes, following is the date, court, and location: _____

10. Has applicant, or any partner, if a partnership, or any officer or director, if a corporation, filed bankruptcy or defaulted on a financial obligation within the last year?

No Yes, following is the date, court, and location: _____

11. List the names of salespersons authorized to sell vehicles for the dealership. *Attach addendum if necessary.

Name: _____ Name: _____

12. Please provide an **e-mail address** for all electronic communications: _____

13. A Personal property tax receipt for the dealership for the prior calendar year must be included with this application. If no taxes were owed, an affidavit from the county assessor stating that no taxes were owed must be submitted.

Dealer Certification

I hereby state and certify the statements made within this application are true and correct to the best of my knowledge and belief under penalty of false swearing. West Virginia Motor Vehicle Law §17A-6-6.

(X)

SIGNATURE OF DEALER

DATE

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