

West Virginia Department of Transportation
Division of Motor Vehicles
Motor Vehicle Rental Agency Certificate

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

THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN BLUE OR BLACK INK.

Fee Paid (check one): ☐ *New Application (\$250)* ☐ *Renewal (\$100)* **Registration Certificate No.** _____

Name of Firm or Trade Name Under Which the Rental Agency Will Operate:

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Principal Business Address or Location:

Street: _____ City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ **Email:** _____

1. List names, titles, and addresses of individuals or partners in said business. If a corporation, list the names, titles, and addresses of the top three officers.

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

2. If the applicant is a corporation, give name of state in which incorporated: _____

If applicant is an out-of-state corporation, is it authorized to do business in the State of West Virginia? ☐ YES ☐ NO

3. List the name, telephone number and home address of person responsible for business management of the company.

Name: _____ Phone: (____) ____ - ____

Street Address: _____ City: _____ State: _____ Zip: _____

Continued...

THIS SECTION FOR DMV USE ONLY

Checked and Approved By: _____ **Date:** _____

Registration Certificate Issued By: _____ **Date:** _____

4. Do you operate from any other locations in the State of West Virginia? ☐ YES ☐ NO

5. List the names of employees who are authorized to sign documents or transact business with the Division of Motor Vehicles.

6. Does the applicant have a liability insurance policy in effect that complies with the minimum limits as provided in Chapter 17-A, Article 6, Section 10b of the Code? ☐ YES ☐ NO

If YES, please provide the following information:

Name of Insurance Company: _____

Address of Insurance Company: _____

Insurance Policy Number: _____

Name, Phone Number, and Address of Local Agent of the Insurance Company Issuing Policy:

Name: _____ Phone: (_____) _____ - _____

Street Address: _____ City: _____ State: _____ Zip: _____

7. Does the applicant have bond in the amount of twenty-five thousand dollars (\$25,000) that complies with the provisions of WV Legislative Rule 91 CSR 6? ☐ YES ☐ NO

If YES, please provide the following information:

Name of Bonding Company: _____

Address of Bonding Company: _____

Bond Number: _____

Name, Phone Number, and Address of Local Agent of the Company Issuing Bond:

Name: _____ Phone: (_____) _____ - _____

Street Address: _____ City: _____ State: _____ Zip: _____

NOTE: BOND MUST ACCOMPANY THE APPLICATION FOR A RENTAL AGENCY CERTIFICATE.

If additional space is needed, copy this page and attach to the back of form.

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Principal Business Address or Location:

Street: _____ City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ **Email:** _____

PERMIT NUMBER: _____

Assigned By Division

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Principal Business Address or Location:

Street: _____ City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ **Email:** _____

PERMIT NUMBER: _____

Assigned By Division

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Principal Business Address or Location:

Street: _____ City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ **Email:** _____

PERMIT NUMBER: _____

Assigned By Division

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Principal Business Address or Location:

Street: _____ City: _____ County: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ **Email:** _____

PERMIT NUMBER: _____

Assigned By Division

State of West Virginia, county of _____ to-wit:

Before the undersigned authority this day personally appeared _____ ,
who, being the first duly sworn upon oath, deposes and says that they are the applicant. Acting in the capacity
of an individual or a partner, if the application be a co-partnership, or a duly authorized officer of the applicant,
if the applicant be a corporation, that they have a principal business address or location shown above; that they
are familiar with law governing rental agency; that all statements contained in this application are true and
correct to the best of their knowledge and belief, and that he understands that fraudulent or misleading
statements contained herein may be considered cause for the immediate suspension or revocation of the rental
agency license certificate issued pursuant to such application.

(X) _____ (Seal)
(Sign here if applicant is an individual)

(X) _____ (Seal)

By _____

Its _____
(Sign here if applicant is a corporation and affix corporate seal)

(X) _____ (Seal)
A partner
(Sign here if applicant is co-partnership)

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

My Commission expires on ____/____/____.

(X) _____
Signature