

West Virginia Department of Transportation

Division of Motor Vehicles**Application for License Service License Certificate Renewal****Section A**

LICENSE CERTIFICATE NUMBER: _____

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

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

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

Section B - If all information remains the same, you may skip and proceed to Section C.

List address and telephone number of any additional locations in this state where you plan to do business. Enclose \$1.00 for each additional location for the certificate.

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

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

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

List the full name, home address, and home telephone number of the individual, partners, at least three officers of the corporation, or all members of a limited liability company making application for this license.

Name: _____

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

Name: _____

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

Name: _____

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

Please enclose with application your \$25.00 check or money order plus \$1.00 for each additional location for certificate.

This Space for DMV Use OnlyChecked and approved by: _____
NAME DATELicense certificate issued by: _____
NAME DATE**Application Continued...**

List the full name, home address, and home telephone number of every employee or agent of your business who are (or will be) authorized to transact business with the Division of Motor Vehicles in the name of the License Service.

Name: _____

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

Name: _____

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

Name: _____

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

Section C

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

List by day of week and hours of the day your regular business hours.

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

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

Name: _____

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

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) _____
SIGNATURE

My commission expires ____/____/____.
DATE

