West Virginia Department of Transportation

## **Division of Motor Vehicles**Verification of Vehicle Identification No.



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

Mail to: WV DMV • PO Box 17710 • Charleston, WV 25317

THIS FORM IS TO BE COMPLETED BY ANY LAW ENFORCEMENT OFFICER

A VIN / Sei	rial No. / Hull No. Cert	ification				
THI	S IS TO CERTIFY THAT I HAVE	PHYSICALLY EXAMINE	D THE VEHICLE DE	SCRIBED HEREIN	N:	
Make	Model Year	Body Style	Title No		State	
Owner(s) of the	vehicle:		NAME(S)			
STREET ADDRESS		CIT	CITY		STATE ZIP	
I found the Veh	icle Identification numbe	r to be:				
IF THE P	UBLIC VEHICLE IDENTIFICATI REQUIRED, SECTION B	ON NUMBER IS MISSIN MUST ALSO BE COMPLI			I PLATE IS	
B Request	for Replacement VIN	/ Serial No. / Hull I	No. Plate for A	bove Listed	Vehicle	
Reason for Requ	uest: Lost Stolen	Destroyed A	Altered Othe	er		
	the confidential number i al number does not exist, a			mber will be issu	ued.	
I FUR	THER CERTIFY THAT THE VEH REGISTRATION	IICLE IDENTIFICATION NO			M ANY	
Authorized Age	ency					
Signature of Of	ficer <b>(X)</b>					
Badge/Unit Nur	mber		Date	/ /		

NOTE: ANY ERASURES OR ALTERATIONS WILL VOID THIS CERTIFICATION.