



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

# Division of Motor Vehicles

# Application for a 60 day Non-Resident Special Permit

**A CURRENT REGISTRATION CARD AND \$51.50 FEE MUST ACCOMPANY THIS APPLICATION.**

**A) Applicant/Owner(s) Information** • Applicant name must match the name on the registration card issued in the state of residence.

Applicant Name \_\_\_\_\_

West Virginia Address \_\_\_\_\_

State of Residence Address \_\_\_\_\_

### ***B) Vehicle Information***

[illegible][illegible]

### C) Insurance Information

Effective Dates of Policy From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Policy No. \_\_\_\_\_

Insurance Company \_\_\_\_\_

NAIC Number \_\_\_\_\_ Insurance Agent \_\_\_\_\_

#### ***D) Employment Information***

**1.) Applicant Occupation** \_\_\_\_\_

**2.) Is the Applicant Self Employed?** ☐ Yes ☐ No

**3.) Applicant Employer (If not self employed)** \_\_\_\_\_

**4.) Nature of Applicant's Work** \_\_\_\_\_

5.) Applicant's employment or business in West Virginia can be described as: (A) ☐ Temporary, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_; (B) ☐ Recurrent, due to \_\_\_\_\_; (C) ☐ Seasonal, due to, \_\_\_\_\_; or (D) ☐ For the frequency of periods of such employment or business \_\_\_\_\_.

**6.) Name and Address of the Applicant's Immediate Supervisor** \_\_\_\_\_

7.) Does the applicant plan to be self employed or employed by any other individual, company, or corporation sixty days from the date of this application? ☐ Yes ☐ No If "yes", name and address of the same \_\_\_\_\_

### ***E ) Applicant Certification***

*I hereby state under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications.*

**(X)** \_\_\_\_\_  
SIGNATURE OF APPLICANT(S)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**F ) Employer Certification • THIS SECTION IS REQUIRED IF THE APPLICANT IS NOT SELF EMPLOYED**

*I hereby state under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications.*

\_\_\_\_\_  
(NAME OF APPLICANT'S EMPLOYER - INDIVIDUAL, COMPANY, OR CORPORATION)

**(X)**  
\_\_\_\_\_  
SIGNATURE AND TITLE OF OFFICER

**WV DMV USE ONLY**

Date Received \_\_\_\_\_

**Date Approved**

**Date Special Permit Expires**

Plate Number Issued \_\_\_\_\_