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|------------------------------|-------------|-----------------------------|
| DIVISION USE ONLY | CLASS _____ | EXP. DATE _____/_____/_____ |
|------------------------------|-------------|-----------------------------|

LICENSE PLATE NO. _____

West Virginia Department of Transportation

Division of Motor Vehicles

Application for Transfer of a License Plate



1-800-642-9066

dmv.wv.gov

Current Vehicle Description

| | | | |
|--|------|-------------------------------------|-----------|
| MAKE | YEAR | WEIGHT | TITLE NO. |
| BODY STYLE | | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| OWNER(S) NAME(S) AS LISTED ON WV TITLE | | | |



Transfer Vehicle Description

| | | | |
|--|------|-------------------------------------|-----------|
| MAKE | YEAR | WEIGHT | TITLE NO. |
| BODY STYLE | | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| OWNER(S) NAME(S) AS LISTED ON WV TITLE | | | |

Proof of Insurance Information

Name of Insurance Company _____

Name of Insurance Agent _____

Insurance Policy Number _____

National Association of Insurance Companies (NAIC) No. _____

 Has your address changed? yes ☐ no ☐ List Current Address Below

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

IMPORTANT INFORMATION

- You must complete all of the vehicle information on this application. An incomplete application will be returned.
- DO NOT MAIL CASH. Submit your check or money for order for \$10.50 payable to DMV.
- Both vehicles must be titled and registered in the same owner(s) name(s).
- Driving without insurance is against the law. Be sure to provide all requested insurance information above.

Mail Form & Payment To:

WV Department of Transportation
 West Virginia DMV
 PO Box 17710
 Charleston, WV 25317