

# Division of Motor Vehicles

## Application for an Emergency Medical Services License Plate



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

**PART I • TO BE COMPLETED BY THE APPLICANT** *(Instructions on the back of form.)*

**PLATE SAMPLE**

**A) Owner(s) Information** • Use Name(s) of Owner(s) as shown exactly on current registration card that you wish to register the license plate.

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WV EMS Personnel Certification# \_\_\_\_\_ Exp. \_\_\_\_\_

**B) Vehicle Information**

Make \_\_\_\_\_ Year     Title No.

VIN No.

Current Plate No.

**C) Insurance Information**

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

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

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

**D) Applicant Certification**

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with provisions of West Virginia Motor Vehicle Laws and certify that the statements are true and correct to the best of my knowledge and belief under penalty of false swearing, West Virginia Code §17A-9-1; Fraudulent Applications.

(X) \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SIGNATURE OF APPLICANT

**PART II • TO BE COMPLETED BY EMS SQUAD CHIEF**

**Certification by Squad Chief**

I certify that the above named person qualifies for an EMS license plate in accordance with West Virginia Code §17A-3-14.

(X) \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SIGNATURE OF EMS SQUAD CHIEF

EMS Squad Name \_\_\_\_\_

Squad Unit Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

**PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS**

## **Instructions**

1. Complete **PART I** of this application.
2. Name of the owner(s) must appear on the application exactly as printed on the current registration card.
3. Vehicle must be a Class A passenger car or truck.
4. Submit application to squad chief or department head for completion for **PART II**. The signing official will be certifying that the Applicant:  
A). is affiliated with a recognized community emergency medical service provider; and  
B). is certified as meeting certain United States Department of Transportation standards for emergency medical services providers.
5. The applicant is responsible for mailing completed application and fee to the Division of Motor Vehicles. The fee will be prorated based on the expiration of the exchanged plate. Please send your check or money order payable to DMV at the following address:

### **DMV Special Plates Section**

**PO Box 17120  
Charleston, WV 25317**

6. Upon receipt of the EMS plate, the current registration plate must be returned to the Division of Motor Vehicles.
7. EMS license plates will expire on July 1st of each year.
8. The applicant is responsible for payment of a \$10.00 one time fee in addition to the regular registration fee. There is no additional annual fee for an EMS plate.
9. Continued eligibility for an EMS license plate is based on continued affiliation with an EMS unit.

**PLEASE ALLOW ( 30 ) DAYS FOR DELIVERY**