



DMV-617-SR

Rev. 06/13

**STATE OF WEST VIRGINIA
DIVISION OF MOTOR VEHICLES
APPLICATION FOR SELF-INSURANCE CERTIFICATE**

The undersigned hereby makes application for a Certificate of Self-Insurance to be issued by the Self-Insurance Coordinator of the Division of Motor Vehicles, if the applicant has met the requirements provided in Chapter Seventeen D, Article Six, Section Two (§17D-6-2) of the Code and the Division of Motor Vehicles' Rules and Regulations pertaining to this section of the code.

It is agreed and understood that if a Certificate of Self-Insurance is granted pursuant to this application, the Division of Motor Vehicles may from time to time require evidence that the holder of the Certificate continues to be qualified as a Self-Insurer. *There is an average of two (2) weeks processing period and no fee associated.* For this purpose, the applicant swears or affirms to the Commissioner of the Division of Motor Vehicles:

1. that there are registered in the name of the applicant 26 or more motor vehicles described on the list attached hereto,
2. that the total assets and liabilities of the applicant are shown on the itemized Financial Statement attached hereto,
3. that there are no outstanding unpaid judgments against the applicant involving a motor vehicle crash,
4. that the applicant has not filed for bankruptcy or is not currently under bankruptcy protection.

Type Firm or Corporate Name as it appears on Registration

Official Title

WITNESS MY HAND AND SEAL THIS _____ DAY OF _____, 20____ at _____.

STATE OF _____

COUNTY OF _____

MY COMMISSION EXPIRES _____

SEAL

NOTARY PUBLIC