

West Virginia Department of Transportation

# Division of Motor Vehicles

## Affidavit of West Virginia Facility Residency

PO Box 17010 • Charleston, WV • 25317



304-926-3801  
dmv.wv.gov

**Section A** of the application is to be completed by the person obtaining a WV Driver's License or Identification Card.

**Section B** of the application is to be completed by the designated staff member of the facility in which the applicant is residing.

**Section C** of the application is to be completed by the DMV Employee who processes this application.

WV Driver's License Number

Photo ID Card Number

### A.) Applicant Information & Certification

I,   
FULL NAME OF APPLICANT

hereby swear and affirm that I reside at the following West Virginia address:

STREET ADDRESS

-   
CITY STATE ZIP CODE

in the facility   
FULL NAME OF FACILITY UNDER SECTION B

I understand that providing false information will result in criminal and civil penalties, including the suspension of my driving privileges or cancellation of my photo ID card.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

### B.) Facility Information & Certification

I,   
DESIGNATED STAFF MEMBER OF FACILITY LISTED BELOW

hereby swear and affirm that

FULL NAME OF APPLICANT

resides in the above mentioned facility at the following address:

STREET ADDRESS

-   
CITY STATE ZIP CODE

I understand that providing false information will result in criminal and civil penalties, including the suspension of my driving privileges or cancellation of my photo ID card.

(X) \_\_\_\_\_  
SIGNATURE OF DESIGNATED STAFF MEMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MM/DD/YYYY)

### C.) DMV Use Only

DMV Location: \_\_\_\_\_

Employee: \_\_\_\_\_

Letter From Facility Received

Facility Staff ID on File