DMV-LSV1-TR REVISED 10/2014

West Virginia Department of Transportation

Division of Motor Vehicles

Low Speed Motor Vehicle Safety Certification

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

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE REGISTRATION RENEWAL APPLICATION

A) Owner/Applicant Information

Name(s) _____
LAST FIRST MIDDLE

Address _____
STREET ADDRESS CITY COUNTY STATE ZIP

B) Vehicle Information

Make _____ Year ☐☐☐☐ Title No. ☐☐☐☐☐☐☐

VIN No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Current Plate No. ☐☐☐☐☐☐☐☐

C) Applicant Certification

I/we certify under penalty of law that all lights, brakes, tires, and belts on the motor vehicle named herein are in good working condition.

(X) _____ ___/___/___
SIGNATURE OF OWNER(S) DATE