



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles

5707 MacCorkle Avenue, SE
PO Box 17020
Charleston, WV 25317

POLITICAL SUBDIVISION AFFIDAVIT

I hereby certify that the _____ is an agency or
(Name of organization - please print)
department of the following political subdivision:

Please check the appropriate box that applies:

- ☐ State of West Virginia - must be signed by the agency director or designee.
- ☐ West Virginia County - must be signed by the president or designee of the county commission. Vehicle will be issued red and white county plates.
- ☐ West Virginia Municipality - must be signed by the Mayor or designee of the city. Vehicle will be issued blue and white city plates.

Name of Insurance Company _____

I, _____
(Name of official - please print)

do hereby swear under penalty of perjury that the above entity is an agency or department of the indicated political subdivision and entitled to the exemption of privilege tax under chapter 17-A-3-4 of the West Virginia Motor Vehicle Code.

Signature of Official _____

Printed name _____

Department or agency _____ Title _____

Date _____

Phone number _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public My commission expires _____