



West Virginia Department of Transportation  
**Division of Motor Vehicles**  
**Special Purpose Vehicle Certification**

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

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE APPLICATION FOR TITLE OR REGISTRATION.**

**A) Applicant's Information**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

**B) Vehicle Information**

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

VIN No.  Current Plate No.

**C) Applicant Certification**

*I/we certify under penalty of false swearing that the*

Headlights    Taillights    Brake lights    Red reflector on rear    Turn signals    Braking system    Horn    Muffler    Rearview mirrors

***on the Special Purpose Vehicle named herein are in good working condition.***

**(X)**

\_\_\_\_\_  
 SIGNATURE OF OWNER(S)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE