

West Virginia Department of Transportation
Division of Motor Vehicles
Notice of Change in Dealership



Mail Form to: Dealer Services
PO Box 17100 • Charleston, WV 25317
304-926-0705 • www.dmv.wv.gov

THE BUSINESS NAME AND ADDRESS INFORMATION BELOW SHOULD MATCH WHAT IS ON YOUR CURRENT DEALER LICENSE CERTIFICATE

Dealership Name: _____ Telephone Number (____) _____ - _____

Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

Business Address: _____
STREET ADDRESS CITY STATE ZIP

Dealer License Number: _____

Change in Dealership • This section outlines the change in dealership that must be completed.

1. If business is moved to a new location, give complete new mailing address and new location of business. Attach to this notice a photograph of new location. A \$5.00 per plate charge applies if mailing address is changing.

New Address: _____
STREET ADDRESS CITY STATE ZIP

2. If change in trade name is made, give the complete new trade name that the business will be operated under. A \$5.00 per plate charge applies to name changes.

Dealership Name: _____

3. If change is due to death of licensee or any partner, give name of such licensee or partner and relationship to licensee.

Deceased's Name: _____ Relationship: _____

Deceased's Name: _____ Relationship: _____

4. If change in any partners, officers or members, list names and titles below:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

5. If appointment of a trustee in bankruptcy, trustee assignment for benefit of creditor, master or receiver, give name and address of such trustee, master or receiver.

Continued Detailed Dealer Questionnaire

6. If change in personnel authorized to make assignment of titles and to transact business with the DMV, list names of all authorized personnel.

Name: _____ Signature: **(X)** _____

Name: _____ Signature: **(X)** _____

Name: _____ Signature: **(X)** _____

Name: _____ Signature: **(X)** _____

Name: _____ Signature: **(X)** _____

7. If additional places of business have been established at other locations with the State since your original application was filed with the DMV, give the address and phone number of each location. Attach a photograph of each location to this notice. Include a check or money order for \$1.00 per each location.

Address: _____ Telephone Number () -
STREET ADDRESS CITY STATE ZIP

Address: _____ Telephone Number () -
STREET ADDRESS CITY STATE ZIP

Dealer and Notary Public Certification

State of West Virginia, County of _____ to wit:

Before the undersigned authority this day personally appeared _____, who, after first being duly sworn deposes and says that he is the applicant (or if firm or corporation, that he is an authorized member of the firm or proper officer of said corporation): That the business herein named is a legitimate dealership at the address and location shown herein and applicant further states that the changes outlined in this notice are true and correct statements.

(X) _____
SIGNATURE

(X) _____
SIGNATURE

(X) _____
SIGNATURE

(X) _____
SIGNATURE

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

NOTARY PUBLIC SIGNATURE

My Commission expires on _____ / _____ / _____.

