

West Virginia Department of Transportation  
**Division of Motor Vehicles**



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

**Application/Certificate for Cancellation of Title for Mobile  
or Manufactured Home Affixed to Real Property**

**A) Owner's Information - Description of Mobile or Manufactured Home**

Owner's Name (as it appears on the title):			
Street Address			
West Virginia County	City	State	Zip Code

**B) Description of Mobile or Manufactured Home**

Make	Year
Serial Number	Title Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**C) Lienholder's Information**

Lienholder's Name	Lender Code
Lienholder's Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City	State Zip Code

I hereby request the cancellation of title(s) for my mobile or manufactured home(s), as it has been affixed to real property that I own.

**(X)** \_\_\_\_\_  
Signature of Owner

**(X)** \_\_\_\_\_  
Signature of Owner

Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Send this form, along with West Virginia title or application of West Virginia title, to:  
**WV DMV, PO Box 17110 Charleston, WV 25317**  
**FEE: \$10.00**