

DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
PO BOX 17120
CHARLESTON, WV 25317

*Preliminary Interest Application for Special Plate
Hoops Family Children's Hospital*

PART I - TO BE COMPLETED BY APPLICANT

Name of Applicant _____
Name(s) of owner(s) exactly as shown on current registration for vehicle you wish to register:

Name(s)			Telephone Number	
Present Street Address			Current License Plate Number	
City		State	Zip	Title Number
Model Year	Make	Vehicle Identification Number		

INSURANCE INFORMATION

Name of Insurance Company _____ NAIC # _____
Agent _____ Policy Number _____

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with provisions of the West Virginia Motor Vehicle Laws and certify that the statements made are true and correct to the best of my knowledge and belief under penalty of false swearing, West Virginia Code §17A-9-1; Fraudulent Applications.

Signature of Applicant

Date

PART II - CERTIFICATION OF ELIGIBILITY BY ORGANIZATION

Hoops Family Children's Hospital certifies that the above-named applicant is eligible to receive a special organization plate.

Signature of qualifying official

Date

Printed name of qualifying official

PLEASE SEE Page 2 FOR INSTRUCTIONS

INSTRUCTIONS
Preliminary Interest Application

Your organization must obtain at least 100 preliminary interest applications before the Division of Motor Vehicles may begin the design and production of the license plate. Therefore, you are being asked to complete this application.

1. Please complete Part 1 of this application. The vehicle on which the plate will be placed must be a Class A (passenger car or truck 10,000 lbs or less) and currently titled in West Virginia. Leased vehicles are eligible for this plate.
2. There are no restrictions on the number of special license plates you may obtain.
3. Attach a check for \$91.50 made payable to HOOPS FAMILY CHILDREN'S HOSPITAL.
4. The \$91.50 check will cover the cost of the license plate for the first year or portion of the first year. These plates will expire July 1 of each year. This is a flat fee for all applicants and is not prorated. This initial application process is only to determine whether your organization has the minimum level of interest to pursue the design and manufacturing of the new license plate. Please continue to renew your present license plate during this process.
5. Your renewal will be processed by DMV. Your organization is not involved in the renewal process. The renewal fee will be \$66.50 per year.
6. Your organization must submit the minimum number of 100 applications along with the fees to DMV by **April 21, 2024**. If your organization fails to submit at least 100 applications by that date, the legislative authorization to issue the special license plate expires and your organization must refund your fee to you.
7. Please mail your application and check to your organization as soon as possible. The sooner your organization meets the minimum number of applications, the sooner DMV can begin the design and production of your new license plate.
8. Please call Bradley Burck at (304) 526-2658 if you have any questions.
9. Mail your application and your check to:

*Hoops Family Children's Hospital
Attention: Bradley Burck
1340 Hal Greer Blvd.
Huntington, WV 25701*

DO NOT MAKE YOUR CHECK PAYABLE TO DMV

DO NOT MAIL OR BRING YOUR APPLICATION TO THE DIVISION OF MOTOR VEHICLES