

West Virginia Department of Transportation
Division of Motor Vehicles



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

Application for a Professional Firefighters of WV License Plate

PLATE SAMPLE



A) Applicant/Owner(s) Information

Applicant's Name _____
Name(s) on Registration _____
Street Address _____
CITY _____ STATE _____ ZIP _____

B) Vehicle Information

Make _____ Year Title No.
VIN No. Current Plate No.

C) Insurance Information

Effective Dates of Policy From: ___/___/___ To: ___/___/___ Policy No. _____
Insurance Company _____
NAIC Number Insurance Agent _____

D) Applicant Certification

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 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.

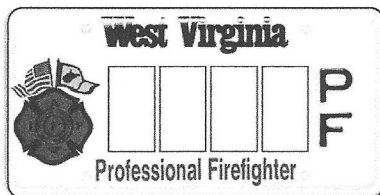
(X) _____ / / _____ Phone No. () - _____
SIGNATURE OF APPLICANT DATE

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

OFFICE USE ONLY BELOW THIS LINE

I certify that the above applicant is a member in good standing of IAFF Local: _____

(X) _____
SIGNATURE OF EXECUTIVE BOARD MEMBER



OFFICE STAFF INSTRUCTIONS:
Insert the plate numbers on the plate diagram to the left and submit this form to the WV DMV for recording and processing. Be sure to retain a copy for your records.