

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.

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_ 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: \_\_\_\_\_  \_\_\_\_\_  
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.