

STATE OF WEST VIRGINIA  
DIVISION OF MOTOR VEHICLES  
MOTOR CARRIER SERVICES  
CHARLESTON 25317

FOR DEPARTMENT USE ONLY  
CLASS BA:  
\_\_\_\_\_

Application for a Certificate of Title for a Motor Vehicle

TYPE OR PRINT IN BLUE OR BLACK INK

MAKE CHECKS PAYABLE TO DIVISION OF MOTOR VEHICLES

The owner(s) of the following vehicle make application for a certificate of title for that vehicle and for that purpose state the following:

NAME \_\_\_\_\_  
(Name of purchaser to be written plainly and exactly as it is to appear on the Certificate of Title)

MAILING ADDRESS \_\_\_\_\_  
Number Street City or Town County State Zip Code

VEHICLE DESCRIPTION

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ V. I. N. \_\_\_\_\_

STYLE OF BODY \_\_\_\_\_ WEIGHT \_\_\_\_\_ TRUCKS Requested (GVW)

Title Brands:  SALVAGE  RECONSTRUCTED  OTHER: \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Trade-in \$ \_\_\_\_\_ Net Cost \$ \_\_\_\_\_ 5% Sales Tax \_\_\_\_\_  
(Credit allowed only on vehicles registered in West Virginia and the tax paid thereon by applicant)

TRADE-IN DESCRIPTION

1) \_\_\_\_\_  
MAKE YEAR SERIAL NO. WEST VIRGINIA TITLE NUMBER

LIENS AND ENCUMBRANCES

1 Name \_\_\_\_\_ Amount \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street City State Zip Code Kind of Lien C/S/C D/T S/A Date \_\_\_\_\_

2 Name \_\_\_\_\_ Amount \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street City State Zip Code Kind of Lien C/S/C D/T S/A Date \_\_\_\_\_

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the 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 Motor Vehicle Law § 17A-9-1 : Fraudulent Applications.

TITLE APPLICATION MUST BE SIGNED BY OWNER

Effective date of insurance policy: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Name of Insurance Agent \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_

If Title reads "AND" Both Signatures of Owners Must Appear

OWNER'S SIGNATURE \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

INSURANCE MUST BE IN EFFECT WHEN APPLICATION RECEIVED.

DEALER CERTIFICATION

This is to certify that the above described vehicle was acquired from \_\_\_\_\_ on month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ and sold to the above named purchaser on month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

The undersigned dealer further Certifies that the sale price, trade-in and net cost are true and correct and that the Federal Odometer Regulation has been satisfied. Federal Regulations Require you to State the Odometer Mileage Upon Transfer of Ownership.

I certify to the best of my knowledge that the odometer reading is \_\_\_\_\_ and reflects the actual mileage of the vehicle unless one of the following statements is checked:

- 1. Mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage - **WARNING-ODOMETER DISCREPANCY.**

Dealer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Signature (X) \_\_\_\_\_  
Dealer Number \_\_\_\_\_

# INFORMATION

Print in ink or type

Mail check or money order  
Make payable to DMV

**DO NOT MAIL CASH**

Any check that is not honored for payment will result in a \$10.00 service charge.

Be certain you have completed the application, including your signature.

If the vehicle is titled in another state, the title must accompany this application.

All titles with liens are mailed directly to the lienholder.

Be sure to include your Zip Code and Zip Code of lienholder.

Statement of insurance must be submitted with each application for motor vehicle registration.

## FEES

|  |                 |
|--|-----------------|
| \$10.00 for title                      | \$ _____        |
| \$5.00 for lien                        | \$ _____        |
| 5% Sales Tax (Over 55,000 lbs. Exempt) | \$ _____        |
| <b>TOTAL</b>                           | <b>\$ _____</b> |

\* Credit on trade-in allowed only for vehicles registered in West Virginia and taxes paid thereon by applicant.

For additional information call 304-558-4448, 304-558-3629, or toll-free 1-800-642-9066

## Mail to:

**Motor Carrier Services  
Division of Motor Vehicles  
PO Box 17900  
Charleston, West Virginia 25317**