

IRP-004
REV 8/07

**WEST VIRGINIA DIVISION OF MOTOR VEHICLES
INTERNATIONAL REGISTRATION PLAN
STATE CAPITAL BUILDING 3
CHARLESTON WEST VIRGINIA 25317**

This application is to be used in applying for a duplicate apportioned cab card, license plate or decals. A new cab card, license plate or decal will be issued if the Commissioner is satisfied the original is lost, destroyed or stolen, and upon certification to that effect.

PLEASE PRINT OR TYPE

ACCOUNT #	FLEET #	NAME OF REGISTRANT	
BUSINESS ADDRESS (physical location of fleet)			
CITY		STATE	ZIP CODE
MAILING ADDRESS (do not write "same")			
CITY		STATE	ZIP CODE
EQUIPMENT #	VEHICLE IDENTIFICATION #		
TITLE #	APPORTIONED LICENSE NUMBER		

IF DUPLICATE CAB CARD IS DESIRED CHECK HERE _____ **FEE \$5.00**

IF DUPLICATE YEARLY DECAL IS DESIRED CHECK HERE _____ **FEE \$5.00**

IF DUPLICATE PLATE IS DESIRED CHECK HERE _____ **FEE \$5.00**

GIVE REASON FOR REPLACEMENT: _____

HAVE ANY OF YOUR VEHICLE REGISTRATIONS BEEN REVOKED OR SUSPENDED IN THE PAST FIVE YEARS? YES ___ OR NO ___ IF YES GIVE REASON _____

REGISTRANT'S STATEMENT OF INSURANCE

I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D, THAT THERE IS IN EFFECT A MOTOR VEHICLE LIABILITY POLICY UPON THE DESCRIBED VEHICLE IN ACCORDANCE WITH THE PROVISION OF WEST VIRGINIA MOTOR VEHICLE CODE.

EFFECTIVE DATE OF INSURANCE POLICY _____ **TO** _____

NAME OF INSURANCE COMPANY _____

NAME OF INSURANCE AGENT _____

POLICY NUMBER _____

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THE STATEMENT MADE HEREIN ARE THE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZED SIGNATURE OF APPLICANT