

Division of Motor Vehicles



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

Application for a 60 day Non-Resident Special Permit

A CURRENT REGISTRATION CARD AND \$51.50 FEE MUST ACCOMPANY THIS APPLICATION.

A) Applicant/Owner(s) Information • Applicant name must match the name on the registration card issued in the state of residence.

Applicant Name _____

West Virginia Address _____

State of Residence Address _____

B) Vehicle Information

Make _____ Year Title No. Plate Expiration Date _____

VIN No. Current Plate No.

C) Insurance Information

Effective Dates of Policy From: ____/____/____ To: ____/____/____ Policy No. _____

Insurance Company _____

NAIC Number _____ Insurance Agent _____

D) Employment Information

1.) Applicant Occupation _____

2.) Is the Applicant Self Employed? Yes No

3.) Applicant Employer (If not self employed) _____

4.) Nature of Applicant's Work _____

5.) Applicant's employment or business in West Virginia can be described as: (A) Temporary, beginning on _____ and ending on _____; (B) Recurrent, due to _____; (C) Seasonal, due to, _____; or (D) For the frequency of periods of such employment or business _____.

6.) Name and Address of the Applicant's Immediate Supervisor _____

7.) Does the applicant plan to be self employed or employed by any other individual, company, or corporation sixty days from the date of this application? Yes No If "yes", name and address of the same _____

E) Applicant Certification

I hereby state under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications.

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

F) Employer Certification • THIS SECTION IS REQUIRED IF THE APPLICANT IS NOT SELF EMPLOYED

I hereby state under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications.

(NAME OF APPLICANT'S EMPLOYER - INDIVIDUAL, COMPANY, OR CORPORATION) (X) _____
SIGNATURE AND TITLE OF OFFICER

WV DMV USE ONLY

Date Received _____

Date Approved _____

Date Special Permit Expires _____

Plate Number Issued _____