

FILE NUMBER _____

DATE OF SUSPENSION _____

DMV-INS-4 REV 03/13

West Virginia Department of Transportation

Division of Motor Vehicles | NOTARIZED STATEMENT OF License Plate Use Involved in an Insurance Violation



QUESTIONS:
304-926-3802
dmv.wv.gov

THIS FORM IS FOR USE IN RESPONSE TO A PENDING OR EXISTING SUSPENSION THAT PERTAINS TO THE COMPULSORY INSURANCE SECTION OF THE WV DMV. THIS FORM MUST INCLUDE THE OFFICIAL STAMP OR EMBOSSED SEAL OF AN APPOINTED NOTARY PUBLIC WITH THE NOTARY'S OFFICIAL SIGNATURE. RETAIN COPIES OF ALL FORMS SENT TO DMV FOR YOUR RECORDS. SUBMIT BY MAIL OR FAX TO:

**MAIL: WV DMV
Compulsory Insurance
PO Box 17020
Charleston, WV 25317**

FAX: (304) 926-3899

I, _____, did not give
PRINTED NAME OF LICENSE PLATE OWNER

_____ permission to use
PRINTED NAME OF DRIVER

_____, which is/was registered in my name, to a _____
LICENSE PLATE NUMBER YEAR MAKE

MODEL

(X) _____
SIGNATURE OF PLATE OWNER

NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____, 20____.

(X) _____
NOTARY PUBLIC SIGNATURE

My Commission expires on _____/_____/_____.

