DMV-IRP-004 REVISED 06/14

West Virginia Department of Transportation

Division of Motor Vehicles

Application for Duplicate Cab Card, Decal, or License Plate

Telephone: (304) 926-0799
Fax: (304) 926-0797

Motor Carrier Services • 5707 MacCorkle Ave. SE • PO Box 17900 • Charleston, WV 25317

This application is to be used when 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.

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

NAME OF INSURANCE COMPANY	NAIC NUMBER

NAME OF INSURANCE AGENT	INSURANCE POLICY NUMBER

Transaction Details

1 **Please check the corresponding box for the transaction you are applying for:**

- ☐ *Duplicate Cab Card - $5.00 Fee*
- ☐ *Duplicate Yearly Decal - $5.00 Fee*
- ☐ *Duplicate License Plate - $5.00 Fee*

2 **Explain why you are requesting the duplicate(s):**

_____

_____

_____

_____

3 **Have any of your vehicle registrations been revoked or suspended in any state or jurisdiction in the past five years?**

☐ *No* ☐ *Yes (If "yes" explain)*

_____

_____

Applicant Certification

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 all statements in this application made herein are true and correct to the best of my knowledge and belief under penalty of law §17A-9-1: Fraudulent Applications.

(X) _____

AUTHORIZED SIGNATURE OF APPLICANT