

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**

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

**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**HAVE ANY OF YOUR VEHICLE REGISTRATIONS BEEN REVOKED OR SUSPENDED IN THE PAST FIVE YEARS?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**