Department Use Only

DMV-32-TR
Rev. 2/06

STATE OF WEST VIRGIINIA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
1800 KANAWHA BOULEVARD, EAST, BUILDING THREE
CHARLESTON, WEST VIRGINIA 25317-0017

APPLICATION FOR CHANGE OF ADDRESS, DUPLICATE REGISTRATION CARD, DECAL OR PLATE

Cash by mail is at sender's risk. Any check tendered to this department which is not honored by any banking institution will result in a $10.00 service charge.

_____
Name

_____
Current Address

_____
City **County** **State** **ZIP Code**

Make	Year	Weight/Length	Plate/Reg Number	Exp. Date

Title Number	VIN/Hull Number

A REGISTRATION CARD, LICENSE PLATE OR DECAL, WILL BE ISSUED IF THE COMMISSIONER IS SATISFIED THE ORIGINAL IS LOST, STOLEN OR DESTROYED, AND UPON CERTIFICATION TO THAT EFFECT

Give Reason for Requesting Replacement _____

Please Check Transaction(s) that apply: Application for: _____

(a) Change of Address only ___ $5.00 (b) Duplicate Registration Card ___$5.00

*(c) Duplicate Decal ___ $5.00 *(d) Duplicate Plate ___$5.50 (*Reg Card Included)

***A STATEMENT OF INSURANCE MUST BE SUBMITTED WITH APPLICATION FOR DUPLICATE PLATE**

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 the sttements made are true and correct to the best of my knowledge and belief under penalty of false swearing. West Virginia Motor Vehicle Law 17A-9-1; Fraudulent Applications.

Effective Date of Insurance Policy: From _____ To _____

Name of Insurance _____

Name of Agent _____

Insurance Policy Number _____

If the title reads "AND," signature of both owners must appear

(X) _____
Owner's Signature

(X) _____
Owner's Signature