West Virginia Department of Transportation

## **Division of Motor Vehicles Special Purpose Vehicle Certification**



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

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE APPLICATION FOR TITLE OR REGISTRATION.

A) Applic	cant's Information					
Name:	LAST					
	LAST	FIRST			MIDDLE	
Address:						
	STREET ADDRESS					
						_
	CITY	COUN	ГҮ	STATE	ZIP	
Phone: (		Email:				
R) Vehicl	e Information					
b) venici	e imormation					
Make:			Year	Title No.		
VIN No.			Current Pl	ate No		
C) Applic	ant Certification					
	I/we o	certify under penalty of t	false swearina that the	<b>?</b>		
□ Headliahts	☐ Taillights ☐ Brake lights ☐ F		_		ler Rearview mirro	orc
Птешиндтиз					ernearview mino	13
	on the Special Pu	rpose Vehicle named he	rein are in good worki	ng condition.		
(X)					//	
SIGNATURE OF	OWNED(S)				DATE	

