

# West Virginia Department of Transportation

## Division of Motor Vehicles

### Dealer Recovery Fund Complaint Form



P0 Box 17100 • Charleston, WV 25317  
1-800-642-9066 • www.dmv.wv.gov

**ENCLOSE ALL REQUIRED DOCUMENTATION AND FOLLOW ALL INSTRUCTIONS PROVIDED BELOW.**

- *A copy of any cancelled check made payable to the dealer, or a receipt attesting payment must be submitted with this form.*
- *A copy of the Bill of Sale must be submitted with this form.*
- *A statement must be provided as to the location of the vehicles' Certificate of Title.*
- *If applicable, an attested copy of a final court judgement must be submitted with this form.*
- *An explanation of the complaint must be included on this form under section D below.*
- *You must sign and date this form below.*

#### A) Complainant Information

|                     |      |       |          |
|---------------------|------|-------|----------|
| NAME OF COMPLAINANT |      |       |          |
| ADDRESS             | CITY | STATE | ZIP CODE |

#### B) Dealership Complaint is Being Filed Against

|                 |      |       |          |
|-----------------|------|-------|----------|
| DEALERSHIP NAME |      |       |          |
| ADDRESS         | CITY | STATE | ZIP CODE |

#### C) Vehicle and Claim Information

|                  |  |            |   |
|------------------|--|------------|---|
| DATE OF PURCHASE | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | VIN NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| MAKE             | MODEL  | YEAR       | CLAIM AMOUNT  |

#### D) Explanation of Complaint

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#### E) Complainant Certification

|                     |                         |
|---------------------|-------------------------|
| Signature (X) _____ | Date ____ / ____ / ____ |
|---------------------|-------------------------|

**\*\*\*THIS SIDE IS FOR DIVISION OF MOTOR VEHICLES USE ONLY\*\*\***

TAXES & FEES (DMV)

DEALER (UNDISCLOSED LIEN)

RETAIL PURCHASE (UNDISCLOSED LIEN)

THIRD PARTY GOODS & SERVICES

UNPAID LIEN

CLAIM PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**Board Approval and Certification**

Signature (X) \_\_\_\_\_

Date    /    /   

Signature (X) \_\_\_\_\_

Date    /    /   

Signature (X) \_\_\_\_\_

Date    /    /   

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_