DMV-1-TR Rev. 06/2010

STATE OF WEST VIRGINIA DEPARTMENT OF TRANSPORTATION DIVISION OF MOTOR VEHICLES CHARLESTON 25317

FOR DEPARTMENT USE ONLY						
CLASS						
NUMBER						
EXP. DATE						

Application for a Certificate of Title for a Motor Vehicle

TYPE OR PRINT IN BLUE OR BLACK INK

MAKE CHECKS PAYABLE TO DIVISION OF MOTOR VEHICLES

The owner(s) of	the following vo	ehicle make application fo	r a certificate of title	for that vehicle an	d for that purpose	state the f	following:				
NAME											
MAILING ADDRESS	(Nar	me of purchaser to be writt	en plainly and exactl	y as it is to appear	on the Certificate	e of Title)					
ADDRESS -	Number	Street	Ci	ty or Town	Cour	nty	State		Ziı	o Code	
				E DESCRIPTI		.5			,		
MAKE		YEAR		V. I. N							
STYLE OF BOI	DV										
STILE OF BOI				WEIGHT	Γ			DIIGIZ	1.0	I (CVIVI)	
Odometer Readi						Passenger vehicle only TRUCKS Requested (GVW) ALVAGE RECONSTRUCTED					
Purchase Price	\$	Trade- (Credit allowed only	on vehicles register	Need in West Virginia		thereon by	5% applicant)	6 Sales T	Гах		
1)MAKE		YEAR SERIAL NO.			WEST VIRGINIA TITLE NUMBER						
2)	<u> </u>	YEAR	SERIAL NO.			WEST VIF	RGINIA TIT	LE NU	MBER		
Registration	n Plate Transfe	erred from: (Send copy		both sides)							
Make of vehicle		Weight		Serial Number ND ENCUMBR		Number			License N	Vumber	
Name							Amount				
Mailing Address	Ctraat	City	State	Zin Codo	Kind of Lien	C/S/C	D/T	S/A	_ Date		
	Street	City	State	Zip Code		C/S/C	D/ I	S/A			
Name							Amount				
Mailing Address	Street	City	State	Zip Code	Kind of Lien	C/S/C	D/T	S/A	_ Date		
	Sireet	City	State	Zip Code		C/S/C	D/ I	5/A			
he statements ma	de are true and co	vehicle liability policy in efforteet to the best of my know	ledge and belief under	penalty of false sw	earing. West Virg	inia Motor	Vehicle Law	§ 17A-9	9-1: Fraudul	ent Applications	
	fective date of insurance policy: From To must of Insurance Company										
						"AND" E	Both Signa	tures of	Owners	Must Appear	
Name of Insurance Agentnsurance Policy Number				OWNER'S SIGNATURE							
	-	ce Commissioners (NA				OWNER	'S SIGNAT	TURE			
		INSURANCE M		FECT WHEN							
The undersigned Regulations Requ	dealer further C uire you to State st of my knowle	escribed vehicle was acquiver and sold the ertifies that the sale price, the Odometer Mileage Up added that the odometer readeleage stated is in excess of odometer reading is not the	ired from	urchaser on month are true and correct riship. nd reflects the actu	day day tand that the Fedural mileage of the	deral Odon vehicle ur	neter Regula	ation has	s been satis	fied. Federal	
Dealer Name _			_								
Address											
Jealet inutified											

INFORMATION

Print in ink or type

Mail check or money order Make payable to DMV

DO NOT MAIL CASH

Any check that is not honored for payment will result in a \$10.00 service charge.

Be certain you have completed the application, including your signature.

If the vehicle is titled in another state, the title must accompany this application.

All titles with liens are mailed directly to the lienholder.

Be sure to include your Zip Code and Zip Code of lienholder.

Statement of insurance must be submitted with each application for motor vehicle registration. There is a \$.50 insurance recording fee.

FEES

\$10.00 for title	\$
\$5.00 for lien	
\$5.50 transfer of license (includes insurance fees.)	
Additional weight (if applicable)	
5% Sales Tax New Vehicle Tax based on purchase price	
REGISTRATION FEES*	
Cars (Class A): \$30.00 (includes litter and insurance fees)	
Trucks (Class A): Below 8001 lbs Gross vehicle weight\$30.00 (includes litter and insurance fees.)	
All other registration fees must also include \$1.00 litter fee and the \$.50 insurance fee when applicable.	
TOTAL	\$

* Credit on trade-in allowed only for vehicles registered in West Virginia and taxes paid thereon by applicant. For additional information call 304-558-3900 or toll-free 1-800-642-9066

Mail to:

Department of Transportation Division of Motor Vehicles PO Box 17710 Charleston, West Virginia 25317