West Virginia Department of Transportation

Division of Motor Vehicles



1-800-642-9066

dmv.wv.gov

Application for a Disabled American Veterans License Plate

PLATE SAMPLE	A) Applicant/Owner(s) Information •	Use name(s) of the owner(s) exactly as they appear on the current motor vehicle title and registration
MOOOO Disabled American Veterans	Applicant's Name DAV Membership Number Street Address	
B) Vehicle Information		
Make	Year Title No.	
VIN No.	Current Plat	e No.
C) Insurance Information		
Insurance Company	Insurance Agent	
Policy Number		NAIC Number
D) Requested Choices for Plate Perso	nalization (Optional) • There is an additional \$	15.00 annual fee for personalization.
	the prefix "MS." You may select up to four (4) characters on ers 1 to 2000 alone are not permitted. <u>Leave blank if you </u>	
	rst valid selection that is available will be produced. Place the ered on the plate unless you clearly specify otherwise. Please to , 1 or I, 5 or S, 0 or O).	
FIRST CHOICE SECOND	CHOICE THIRD CHOICE	FOURTH CHOICE
M M S	M S	M S
E) Applicant Certification		
I certify that all information on this application is tru return the special license plate to the Division of Mo	e and correct and if I cease to be in good standing with the tor Vehicles.	he above organization, I will immediately
(X) SIGNATURE OF APPLICANT	DATE	Phone No. ()
F) Disabled American Veterans Cert	ification	
The Disabled American Veterans, Department of We and qualifies for the special Disabled American Vete	est Virginia, certifies that the above named person is a me rrans license plate.	mber of the Disabled American Veterans

West Virginia

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INSTRUCTIONS

- 1. To qualify for a Disabled American Veterans license plate the applicant must be a member of the Disabled American Veterans. An eligible applicant must have this form certified by the Disabled American Veterans, Department of West Virginia.
- 2. Please complete Parts A E of the application
- 3. Please mail the application (Do Not Send Money) to the Disabled American Veterans, West Virginia Department office at the following address:

Disabled American Veterans
Department of West Virginia
P.O. Box 605
Elkview, WV 25701-0605
304-965-3246

- **4.** The Disabled American Veterans office will review your application and if you are eligible, your application will be certified with a raised seal, approved, and returned to you.
- 5. Please send the completed application along with the correct fees to the Division of Motor Vehicles. All checks should be made payable to Division of Motor Vehicles. Please include your personal property tax receipt of an affidavit from the assessor, if your registration is expiring within 60 days of your application.
- 6. Your fee is based on the expiration of your present license plate. Use the first letter or number of your license plate to calculate your fee. This amount includes the one time \$10.00 fee. All standard Disabled American Veteran plates will expire July 1st of each year with a renewal fee of \$51.50 per year. All personalized Disabled American Veterans plates will expire January 1st of each year with a renewal fee of \$66.50 per year.

Present Plate Detail	New Plate Fee	
Plate Begins with 5, 6, or 7 of Current Year	\$61.50	
Plate Begins with 8	\$64.62	
Plate Begins with 9	\$62.24	
Plate Begins with O	\$59.86	
Plate Begins with N	\$57.48	
Plate Begins with D	\$55.10	
Plate Begins with 1	\$52.72	
Plate Begins with 2	\$50.34	
Plate Begins with 3	\$47.96	
Plate Begins with 4	\$45.58	
Plate Begins with 5 (expires next year)	\$43.20	
Plate Begins with 6 (expires next year)	\$40.82	
<u>NOTE</u> : Add \$15.00 when purchasing a personalized version.		

PLEASE ALLOW 60 DAYS FOR DELIVERY