

DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
BUILDING 3, CAPITOL COMPLEX
CHARLESTON, WV 25317

Knights of Columbus

PART I - TO BE COMPLETED BY APPLICANT

Name of Applicant _____
Name(s) of owner(s) exactly as shown on current registration for vehicle you wish to register:

Name(s)		Telephone Number	
Present Street Address		Current License Plate Number	
City	State	Zip	Title Number
Model Year	Make	Vehicle Identification Number	

INSURANCE INFORMATION

Effective date of Insurance Policy: From _____ To _____

Name of Insurance Company _____

Agent _____ Policy Number _____

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with provisions of the West Virginia Motor Vehicle Laws and certify that the statements made are true and correct to the best of my knowledge and belief under penalty of false swearing, West Virginia Code §17A-9-1; Fraudulent Applications.

Signature of Applicant

Date _____

PART II – CERTIFICATION OF ELIGIBILITY BY ORGANIZATION

The Knights of Columbus certifies that the above named applicant is eligible to receive a special organization plate.

Signature of qualifying official

Date _____

Printed name of qualifying official

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS