

West Virginia Department of Transportation

Division of Motor Vehicles

Application for a Disabled Veteran Mobility Impaired License Plate

West Virginia
dmv
 Mobility Impaired Plates
 PO Box 17120
 Charleston, WV 25317
 1-800-642-9066 • dmv.wv.gov

PLATE SAMPLE



PART 1. A) Applicant/Owner(s) Information

 SSN*
*Required

 Name Phone () -

 Address
Street City State Zip

B) Vehicle Information

 Make Year Title No.

 VIN No. Current Plate No.

C) Insurance Information

 Insurance Company Insurance Agent

 Policy Number NAIC Number

D) Requested Choices for Plate Personalization (Optional) • Personalizing your plate adds a fee of \$15.00 per year.

Each Disabled Veteran license plate begins with the prefix "DV." You may select up to four (4) characters or a minimum of two (2) characters to follow. Requests for symbols and punctuation marks are not permitted. While numbers may be used, numbers 1-2000 alone are not permitted.

Show your choices below in order of preference. Your first valid selection that is available will be produced. Place the characters in the boxes exactly as you want them to appear on the plate. All characters will be centered on the plate unless you clearly specify otherwise. Please try to clarify any alpha letter and numeric combinations that can be confusing (e.g., 6 or G, 2 or Z, 1 or I, 5 or S, 0 or O). **Leave blank if you do not wish to personalize your plate.**

FIRST CHOICE

 D
 V

SECOND CHOICE

 D
 V

THIRD CHOICE

 D
 V

FOURTH CHOICE

 D
 V

E) Veteran's Statement and Certification

I, the undersigned, do hereby certify that I am, to the best of my knowledge and belief, eligible for exemption from payment of a vehicle registration fee under the provision §17A-10-8 of the West Virginia Code. I meet the eligibility requirements by virtue of the following:

☐ I have received a grant from the Federal Government to be applied toward the purchase of a vehicle under the provision of PL663-79, PL 187-82, or PL 77-90. I certify that the vehicle for which I claim exemption from registration fees **will not** be used for hire.

☐ I have a 100% total and permanent service connected disability as rated by the Veterans Administration. I certify that the vehicle for which I claim exemption from registration fees **will not** be used for commercial purposes.

I hereby consent to have the pertinent information from my VA records released to the WV Division of Motor Vehicles & the Dept. of Veterans Assistance.

 (X)
SIGNATURE
 / /
DATE

PART 2. WV Department of Veterans Assistance Certification

Records of the Department of Veterans Assistant show that the above mentioned veteran (check one):

☐ Has received a vehicle grant under PLL 663, PL 187082, or PL 77-90.

☐ Has been determined to have 100% total and permanent service connected disability.

 (X)
SIGNATURE OF VETERANS ASSISTANCE OFFICER
 / /
DATE

PRINTED NAME AND TITLE

ADDRESS OF VETERANS ASSISTANCE OFFICE HAVING CUSTODY OF RECORDS

PLEASE COMPLETE FORM ON PAGE 2. FURTHER INSTRUCTIONS ALSO ON PAGE 2.

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PART 3. TO BE COMPLETED ONLY BY A LICENSED PHYSICIAN • Patient Condition and Physician's Certification

Patient's Name: _____

Type of Condition: ☐ **Permanent** • Expected to last duration of the applicants life. ☐ **Temporary *** • Valid up to Six Months
*Limited duration and expected to improve during the applicants life.

- ☐ Patient cannot walk 200 feet without stopping to rest.
- ☐ Patient cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device.
- ☐ Patient is restricted by lung disease to such an extent the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60mm/hg on room air at rest.
- ☐ Patient uses portable oxygen.
- ☐ Patient has a cardiac condition to the extent that their functional limitations are classified in severity as Class III or Class IV according to standards set by The American Heart Association.
- ☐ Patient is severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition.

COMPLETE ALL OF PART 3. FAILURE TO DO SO WILL RESULT IN THIS FORM BEING RETURNED TO THE SENDER FOR COMPLETION. ALL PHYSICIAN'S SIGNATURES AND LICENSES ARE SUBJECT TO REVIEW FOR VERIFICATION. PHYSICIANS MAY BE REQUIRED TO SUBMIT FURTHER DOCUMENTATION TO SUBSTANTIATE THE DISABILITY.

Physician's Name (Please print in ink or type)	Medical License Number	Medical License Expiration Date / /	
Business Address	City	State	Zip
Signature (X)	Date / /	Telephone Number () -	

NOTES TO APPLICANT

- ALL APPLICANTS MUST BE WEST VIRGINIA RESIDENTS.
- To qualify for a Disabled Veteran Mobility Impaired license plate, an applicant must have a 100% total and permanent service connected disability as rated by the Department of Veterans Affairs, or have received a grant under PL 663-79, PL 187-82, or PL 77-90.
- The applicant is not required to pay registration fees for one Disabled Veteran Mobility Impaired license plate; however, they must pay the 50¢ insurance enforcement fee and a \$1.00 litter fee (for each year remaining in the 10 year cycle) via check or money order, have a valid insurance policy in place, and provide a personal property tax receipt issued by their county assessor or an Affidavit of Assessor (DMV-178-TR) from their county assessor if they have not been liable to pay personal property taxes before a registration can be issued. Unless an applicant has been exempted by their county assessor, they are required to pay personal property taxes every year.

Disabled Veteran Mobility Impaired license plate fees are calculated on a ten year schedule. The fees are outlined below.

Fiscal Year	2025 (7/1 - 6/30)	2026 (7/1 - 6/30)	2027 (7/1 - 6/30)	2028 (7/1 - 6/30)	2029 (7/1 - 6/30)	2030 (7/1 - 6/30)	2031 (7/1 - 6/30)	2032 (7/1 - 6/30)	2033 (7/1 - 6/30)	2034 (7/1 - 6/30)
Total Fee	\$15.00	\$13.50	\$12.00	\$10.50	\$9.00	\$7.50	\$6.00	\$4.50	\$3.00	\$1.50

*A \$1.50 reduction takes place on each July 1st, the beginning of the fiscal year.

NOTE: There is an additional fee of \$15.00 per year of remaining cycle due upon purchase of a personalized version.

- Within 10 days after receipt of the Disabled Veteran Mobility Impaired license plate, the current plate and registration card must be returned to the DMV or transferred to another vehicle titled in the applicant's name.
- In the event of a the death of the Disabled Veteran Mobility Impaired license plate holder, the license plate may be retained by the surviving spouse until re-marriage, non-renewal, or death.
- For a fee of \$61.50, and \$51.50 per year thereafter*, an additional Disabled Veteran Mobility Impaired license plate may be obtained by completing form DMV-48-A. *The fee is \$76.50, and \$66.50 per year thereafter, for an additional personalized Disabled Veteran license plate.

PLEASE ALLOW 60 DAYS FOR DELIVERY

INSTRUCTIONS FOR COMPLETING THIS FORM

- The mobility impaired person MUST enter their Social Security Number in the boxes on the upper right corner of page one.
- The mobility impaired person completes **Part 1** and signs the application.
- Part 2** of this application of this application must be certified by the West Virginia Department of Veterans Assistance. After certification, applicants may mail or turn in the application to any West Virginia DMV regional office. **Your application cannot be processed until it has been certified by the Department of Veterans Assistance.**
- A licensed physician must complete **Part 3**. (Licensed physician includes M.D., D.O., Chiropractor, Advanced Nurse Practitioner, and Physician's Assistant.)
- Applicants requesting a Disabled Veteran Mobility Impaired license plate must be listed on the registration of the vehicle listed in **Part 1, subsection C**.
- The completed application can be processed at any West Virginia DMV regional office or submitted my mail to this address:

Division of Motor Vehicles - Mobility Impaired Plates, PO Box 17120, Charleston, WV 25317