

1-800-642-9066

dmv.wv.gov

A) Applicant/Owner(s) Information



Name(s) on Registration _____

Street Address _____

CITY

STATE

ZIP

B) Vehicle Information

Make _____	Year _____	Title No. _____
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[illegible]

C) Insurance Information

Effective Dates of Policy From: ___/___/___ To: ___/___/___ Policy No. _____

Insurance Company_____

NAIC Number Insurance Agent

D) Application Certification

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 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.

(X) _____ /____/____ (____)____-____
SIGNATURE OF APPLICANT DATE PHONE NUMBER

FEES AND INFORMATION

Back the Blue Wounded in the Line of Duty or Surviving Spouse license plate fees are calculated on a ten year schedule. There is a \$10 one-time fee. Yearly fees are outlined below.

Fiscal Year	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
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 each July 1st, the beginning of the fiscal year.

For a fee of \$76.50 and \$66.50 per year thereafter, an additional Back the Blue Wounded in the Line of Duty or Surviving Spouse license plate may be obtained by completing form DMV-46-TR.

OFFICE USE ONLY BELOW THIS LINE

I certify that the above applicant was wounded in the line of duty or a surviving spouse. ☒ _____

SIGNATURE OF APPROVING AUTHORITY

TITLE OF APPROVING AUTHORITY

**OFFICE STAFF INSTRUCTIONS:**

Ring up as plate class ABW. Insert the plate numbers on the plate diagram to the left and submit this form to the WV DMV for recording and processing. *Be sure to retain a copy for your records.*