DMV-12-IND (Rev. 06/2020)

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

5707 MacCorkle Avenue, Southeast
Post Office Box 17070
Charleston, West Virginia 25317-0010
(877) 215-2522 Fax (304) 558-3275

Non-West Virginia Residency Statement

I, _____, do hereby attest to the following facts concerning my residency.

1. On ___ /___ /_____ , I became a: (circle one) resident / employee / active military / student
   MONTH DAY YEAR
   in the State of _____ , where I intend to fulfill my DUI Safety and Treatment requirements. **I have attached current proof of residency, employment, military duty station, or college or university enrollment.**

2. My current address is: _____
   STREET

   _____.
   CITY STATE ZIP

3. My date of birth is: ___ /___ /_____
   MONTH DAY YEAR

4. My Social Security Number (SSN) is: ___ - ___ -_____

THE AFFIANT DOES HEREBY SWEAR AND ATTEST THAT THE AFOREMENTIONED STATEMENTS ARE TRUE AND ACCURATE UNDER THE PENALTIES OF PERJURY.

Signature: **(X)**_____ Date: ___ /___ /_____
MONTH DAY YEAR

NOTE: ***ALL DOCUMENTS MUST BE ATTACHED AND SIGNATURE MUST BE NOTARIZED OR IT WILL BE REJECTED***.

The foregoing Statement was subscribed and affirmed before the undersigned authority this _____ day of _____ , _____ .
MONTH YEAR

(X)_____
NOTARY PUBLIC SIGNATURE [Affix Notarial Seal in area to the right.]

My commission expires: ___ /___ /_____
MONTH DAY YEAR