

PLEASE READ THIS INFORMATION CAREFULLY
BEFORE FILLING OUT FORMS FOR THE
COMPULSORY INSURANCE SECTION

- THE FOLLOWING FORMS (INS-1, INS-2, INS-3, and INS-4) ARE ONLY FOR USE IN RESPONSE TO A PENDING OR EXISTING SUSPENSION THAT PERTAINS TO THE COMPULSORY INSURANCE SECTION OF THE WEST VIRGINIA DIVISION OF MOTOR VEHICLES.
- FORM INS-3 (NOTARIZED STATEMENT REGARDING OWNERSHIP) **WILL NOT BE** ACCEPTED IN LIEU OF A NOTARIZED BILL OF SALE IN ANY SITUATION OTHER THAN ONES PERTAINING TO THE COMPULSORY INSURANCE SECTION.
- ALL FORMS MUST INCLUDE THE OFFICIAL SEAL OF AN APPOINTED NOTARY PUBLIC IN FORM OF A STAMP OR EMBOSSED SEAL WITH THE NOTARY'S OFFICIAL SIGNATURE.

THESE FORMS MAY BE MAILED TO:

DIVISION OF MOTOR VEHICLES
COMPULSORY INSURANCE SECTION
1800 KANAWHA BLVD., E., BLDG. 3
CHARLESTON, WV 25317

OR FAXED TO:

(304) 558-0465

IF YOU HAVE ANY QUESTIONS PERTAINING TO THESE FORMS, YOU CAN CONTACT THE COMPULSORY INSURANCE SECTION AT (304) 558-4444 OR (304) 558-0274.

PLEASE RETAIN A COPY OF ANY FORM SUBMITTED TO THE DMV FOR YOUR RECORDS.

FILE NUMBER: _____ SUSPENSION DATE: _____
NOTARIZED STATEMENT REGARDING "UNKNOWINGLY" OPERATING A
MOTOR VEHICLE WITHOUT INSURANCE
COMPULSORY INSURANCE SECTION
ONLY

I, _____, WAS NOT AWARE THERE WAS NOT A VALID INSURANCE
PRINTED NAME OF DRIVER

POLICY IN EFFECT ON THE _____, WHICH
YEAR MAKE MODEL

IS/WAS OWNED BY _____, ON THE DATE THAT THE VIOLATION FOR
PRINTED NAME OF OWNER

"NO PROOF OF INSURANCE" OCCURRED.

I DECLARE UNDER PENALTIES OF PERJURY THAT THE
STATEMENTS HEREIN CONTAINED ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF DRIVER

SIGNATURE OF OWNER

***IF THE OWNER IS UNAVAILABLE TO SIGN THIS DOCUMENT, YOU MUST PROVIDE ON THE SPACE
BELOW A VALID REASON AS TO WHY THEIR SIGNATURE DOES NOT APPEAR.**

REASON: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON _____