

**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 LICENSE PLATE  
COMPULSORY INSURANCE SECTION  
ONLY**

I, \_\_\_\_\_, DID NOT GIVE \_\_\_\_\_,  
*PRINTED NAME OF PLATE OWNER* *PRINTED NAME OF DRIVER*

PERMISSION TO USE \_\_\_\_\_, WHICH IS/WAS REGISTERED IN MY NAME, TO THE  
*LICENSE PLATE NUMBER*

VEHICLE LISTED BELOW:

\_\_\_\_\_  
*YEAR* *MAKE* *MODEL*

**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 PLATE OWNER*

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES ON \_\_\_\_\_