

DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES  
BUILDING 3, CAPITOL COMPLEX  
CHARLESTON, WV 25317

APPLICATION FOR AMERICAN LEGION LICENSE PLATE

**PART I - TO BE COMPLETED BY APPLICANT**

Name(s) of owner(s) exactly as shown **on current registration** for vehicles you **wish** to register:

Name(s)		Telephone Number	
Present Street Address		Current License Plate Number	
City	State	Zip	Title Number
Model Year	Make	Vehicle Identification Number	

**INSURANCE INFORMATION**

Effective Date of Insurance Policy: From \_\_\_\_\_ To \_\_\_\_\_

Insurance Company \_\_\_\_\_

Agent \_\_\_\_\_ Policy Number \_\_\_\_\_

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 made are true and correct to the best of my knowledge and belief under penalty of false swearing, West Virginia code § 17 A-9-2; Fraudulent Applications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PART II - CERTIFICATION BY THE AMERICAN LEGION - DEPARTMENT OF WEST VIRGINIA**

The American Legion, Department of West Virginia, certifies that the above named person is a member of the American Legion and qualifies for the special American Legion license plate.

\_\_\_\_\_  
State Adjutant  
The American Legion  
Department of West Virginia

\_\_\_\_\_  
Date