



# West Virginia Department of Transportation Division of Motor Vehicles Owner and Purchasing Affidavit

**Receiving and Processing**  
PO Box 17710 • Charleston, WV 25317  
1-800-642-9066 • [www.dmv.wv.gov](http://www.dmv.wv.gov)

**IF SELLER IS NOT A WV RESIDENT, A DISCLAIMER FROM SELLER'S STATE DMV MUST BE ATTACHED  
STATING THAT THERE IS NO PREVIOUS TITLE FOR THE VESSEL/VEHICLE.**

**A) Owner/Seller's Information**

Name: \_\_\_\_\_ Daytime Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP

**B) Vehicle, Trailer, or ATV Information**

Make: \_\_\_\_\_ Body Style: \_\_\_\_\_

VIN No. [ ] Year [ ] [ ] [ ] [ ]

**C) Motorboat Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Hull Serial Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Length: \_\_\_\_\_ Year [ ] [ ] [ ] [ ]

Motor Serial Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Motor Make: \_\_\_\_\_ Hp \_\_\_\_\_

How, when and from whom was the above acquired? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D) Purchaser's Information**

Name: \_\_\_\_\_ Daytime Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY COUNTY STATE ZIP

**Purchase Price:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
VEHICLE BOAT MOTOR TRAILER ATV TOTAL

**MORE INFORMATION IS ON THE BACK OF THIS FORM.  
MAKE SURE ALL SECTIONS ARE COMPLETED AND SIGNED.**

**E) Owner/Seller's Signature & Notary Public Certification**

I, \_\_\_\_\_ certify to the best of my knowledge, that there is not an outstanding certificate of title or registration for the vessel/vehicle listed above, there are no liens or encumbrances against it, and I will assume full responsibility for issuance of a West Virginia certificate of title.

**(X)** \_\_\_\_\_  
OWNER AND/OR SELLER SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**\*\* This affidavit must be accompanied by a serial number certification completed by any law enforcement officer.  
\*\* If a title or registration DOES exist, this affidavit will NOT be accepted.**

**NOTARY PUBLIC**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission expires on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

