

Mail to: WEST VIRGINIA STATE POLICE
TRAFFIC RECORDS
701 JEFFERS ROAD
SOUTH CHARLESTON, WV 25309
Email to: WVMVI@WVSP.GOV
Fax to: 304-746-2206



OFFICIAL WEST VIRGINIA MODIFIED STATION APPLICATION

(PRINT OR TYPE ALL INFORMATION IN FULL OR APPLICATION WILL BE RETURNED)

STATE OF WEST VIRGINIA
COUNTY OF: _____ OFFICIAL INSPECTION NUMBER _____

STATION NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

How long has your station been conducting official state inspections? _____

Has your license as an Official Inspection Station ever been revoked or suspended?

_____ YES _____ NO If yes, Date of last suspension ___/___/___ Duration: _____

Have you ever been arrested for any crime, convicted of any crime, passed a worthless check to any business or person, been a defendant in a civil lawsuit or filed for bankruptcy in the past seven (7) years?

_____ Yes _____ No If yes, attach a detailed letter of explanation to this application.

Do you pledge yourself and your employees to conduct honest, thorough, and efficient inspections in accordance with the Code of West Virginia and Official Inspection Regulations?

_____ Yes _____ No

Authorized Signature: _____

DO NOT WRITE BELOW THIS LINE

APPROVED: _____ YES _____ NO DATE: ___/___/___ SIGNED: _____