

DEPARTMENT OF



MILITARY  
AFFAIRS  
&  
PUBLIC  
SAFETY

William R. Laird  
Second Chance Driver's License Act

Program Application



Division of  
**Justice &  
Community**  
Services

**Applicant Information**

Full Name: \_\_\_\_\_  
Last First M.I. Maiden Name

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

RESUBMISSION – I have previously submitted an application and been advised that I was not eligible for this program. By checking this box I am confirming that I have addressed all of the reasons listed in my original notice of ineligibility.

**Disclaimer and Signature**

*By signing this form I am authorizing the release, disclosure and mutual exchange of my personally identifiable information between the West Virginia Division of Justice and Community Services, the West Virginia Division of Motor Vehicles, the WV Supreme Court of Appeals and applicable Circuit, Magistrate, and Municipal Courts for the purpose of the Second Chance Driver License Act Program.*

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my ineligibility or dismissal from the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return applications to:

WV Division of Justice and Community Services  
Law Enforcement Professional Standards  
1124 Smith Street, Ste 3100  
Charleston, WV 25301-1323  
Fax: (304) 558-0391