

West Virginia Secretary of State  
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Bldg 1, Suite 157-K  
Charleston, WV 25305



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**FILE ONE ORIGINAL**

(Two if you want a filed  
stamped copy returned to you)  
**FEE: \$25.00**

**APPLICATION FOR  
CERTIFICATE OF WITHDRAWAL  
FROM CERTIFICATE OF AUTHORITY**

Office Hours: Monday – Friday  
8:30 a.m. – 5:00 p.m. ET

**\*\*\* In accordance with the provisions of the West Virginia Code [§31D-15-1520](#), the undersigned \*\*\*  
corporation hereby applies for a certificate of withdrawal from West Virginia, and submits  
the following statement:**

1. The **name of the corporation** is: \_\_\_\_\_

2. It is incorporated under the laws of the State of: \_\_\_\_\_

3. The **mailing address** to which the Secretary of State may mail a copy of any process against the corporation:

\_\_\_\_\_

No. & Street

\_\_\_\_\_

City/State/Zip

4. The following statement does not apply to insurance companies who are registered and will continue to be registered with the West Virginia Insurance Commission. The company hereby attests that it is not transacting business in West Virginia. It hereby surrenders its authority to transact business in West Virginia. It revokes the authority of its registered agent in West Virginia to accept service of process, and consents that service of process in any action, suit or proceeding based upon any course of action arising in West Virginia during the time the corporation was authorized to transact business in West Virginia may thereafter be made on the corporation by service thereof on the Secretary of State of West Virginia and commits to notify the Secretary of State of any changes of the corporations mailing address.

5. **Name and phone number of contact person.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Phone Number

6. **Signature information** (See below ***\*Important Legal Notice Regarding Signature\****):

Print Name of Signer: \_\_\_\_\_ Title/Capacity: \_\_\_\_\_

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

***\*Important Legal Notice Regarding Signature:*** Per West Virginia Code [§31D-1-129](#). **Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

**Important Note:** This form is a public document. Please **DO NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

