



MOTOR CARRIER DIVISION
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fax (775) 684-4619
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SUPPLEMENTAL GOVERNMENTAL SERVICES TAX
AFFIDAVIT

Nevada Carrier Number

I \_\_\_\_\_, declare that the vehicle(s) described below is/are to
be operated

(Please check appropriate box)

- [ ] Interstate or Intercounty
[ ] Intracounty in County \_\_\_\_\_

For Office Use Only

{I1/N2}
{N1}

Vehicle Information:

Table with 3 columns: Year, Make, Identification Number. Contains 4 rows of blank fields for vehicle information.

I swear under penalty of perjury that the above statements are true and correct.

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

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

Notary Public or Authorized DMV Employee