



555 WRIGHT WAY
 CARSON CITY, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada and Outside Nevada (877) 368-7828
www.dmvnv.com

EXEMPT LICENSE PLATE APPLICATION

NRS 482.268, 482.368, 482.429, 371.100

Exempt vehicles are not subject to Governmental Services Taxes pursuant to NRS 482.368.

The following types of vehicles are exempt (NRS 371.100):

- 1-Vehicles owned by the United States, the State of Nevada, any political subdivision of the State of Nevada, or any county, municipal corporation, city, unincorporated town or school district in the State of Nevada;
- 2-Non commercial vehicles owned by the governing body of an Indian reservation or Indian colony in this State if: (1) The Indian tribe of the reservation or colony is recognized by federal law; and (2) The governing body is located on the reservation or colony;
- 3-Vehicles for whose operation money is provided by the State or Federal Government and which are operated solely for the transportation of or furnishing services to elderly or handicapped persons;
- 4-Emergency Vehicles owned by any volunteer fire department or volunteer ambulance service based in Nevada.

FEES: Exempt license plate \$5.00 plus a \$.50 per license plate Prison Industry Fee **(\$1.00 for 2 plates)**
 Reissue fee \$5.00
 State Seal Decals: Six Inch \$6.00 Eight Inch \$9.50
 For Official Use Only Decal \$4.00

Proof of ownership documents must be provided at the time of registration. If the ownership documents are not in the agency or Tribal name, a \$28.25 title fee is due in addition to the \$6.00 license fee to change the title.

If the application is not completed in full it will be returned to the applicant.

Please Print or Type

Initial Issue **Reissue** (Plate No. _____)

Passenger Vehicle **Truck** **Large Trailer** **Motorcycle** **Small Trailer**

Number of "Official Use Only" Decals **Number of six-inch State seals** **Number of eight-inch State seals**

Authorized Agency or Tribal Governing Body _____

Division (If Applicable) _____ Exempt vehicle type (#1, 2, 3, 4) _____

Address _____
 Street City State Zip Code

Daytime Telephone No. (____) - _____ Fax No. (____) - _____

Vehicle Identification Number _____ County Vehicle Based In _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Year _____ Make _____ Type _____ Cylinders _____ GVWR Rating _____

Model _____ Fuel Type _____ Axles _____ Odometer Reading _____

I, being the person authorized to apply for this registration, solemnly declare that the statements herein are true and correct.

Printed Name of Authorized Agent or Tribal Chairman _____ Title _____

Signature of Authorized Agent or Tribal Chairman _____ Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____.

 Notary Public or Authorized Nevada DMV Representative