



555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

APPLICATION FOR VEHICLE REGISTRATION

PLEASE PRINT OR TYPE

Year _____ Make _____ Model _____

Vehicle Identification Number _____

Nevada evidence of insurance must be presented to the Department of Motor Vehicles at the time of application for registration.

I hereby apply for registration for the above described vehicle and I declare that:

In my name, I will continuously provide, while the vehicle is registered with Nevada, security as required by NRS 485.185, either by a motor vehicle liability insurance policy or by qualifying as a self-insurer in compliance with law. **NOTE: VEHICLE MUST BE INSURED BY AN INSURANCE COMPANY LICENSED IN THE STATE OF NEVADA. The statement "the coverage meets the requirements set forth in NRS.485.185" must be included on the card.** Out-of-State insurance will not be accepted. Trailers are exempt from insurance requirements.

- **Truck or bus:** The declared gross weight (for commercial vehicles, include trailer and load) is _____ lbs.
- **Trailer** (excluding travel trailers): the unladen weight is _____ lbs.
- The vehicle will be based in _____ County.

REGISTERED OWNERS NAME _____

SIGNATURE _____ DATE _____
Registered Owner (or authorized person with POA)

RESIDENT ADDRESS _____
Address City State Zip Code

MAILING ADDRESS _____
Address City State Zip Code

TELEPHONE NUMBER (____) _____ E-MAIL ADDRESS _____

NOTE: It is a gross misdemeanor to use a false or fictitious name or address in this application for registration, or to knowingly make a false statement or knowingly conceal a material fact or otherwise commit a fraud in this application.