



APPLICATION FOR SERVICE PROVIDER PARTICIPATION IN THE CONTINUOUS MONITORING OF MOTOR VEHICLES

[NRS 445B.767](#)

Date: _____

A business requesting to become a Continuous Monitoring Service Provider must submit the following items with this completed application:

- One OBD-II device, at no charge, to the Department of Motor Vehicles for certification purposes.
- Continuous Monitoring Device Certification, Form EC-040, certified by the Environmental Scientist with the Department of Motor Vehicles.
- Proof of an active Federal Employee Identification Number (FEIN) in the name of the business requesting participation in Continuous Monitoring of Motor Vehicles.
- Service Provider Agreement for Participation in the Continuous Monitoring of Motor Vehicles, Form EC-043.
- A photo copy of the driver's license of the Principal of the business.
- A photo copy of the driver's license of the Contact for the business (If Contact differs from Principal).

Additional Continuous Monitoring information is available on the Continuous Monitoring Informational Document for Certified Service Providers, Form EC-048.

Business Information: Business Information must include the Business Name, Physical Address, Mailing Address, Telephone Number and Email Address.

Business Name: _____ Telephone Number: _____

Business Physical Address: _____
City State Zip Code

Business Mailing Address: _____
City State Zip Code

Federal Employee Identification Number (FEIN): _____

State of Incorporation: _____ Date of Incorporation: _____

Principal Information: Principal Information must include the Principal Name, Physical Address, Mailing Address, Telephone Number and Email Address.

Principal Name: _____ Telephone Number: _____

Principal Physical Address: _____
City State Zip Code



Compliance Enforcement Division
Emission Control Program
555 Wright Way
Carson City, Nevada 89711-0250
Reno/Sparks (775) 684-3580
Las Vegas (702) 486-4981
dmvnev.com

Principal Mailing Address: _____
City State Zip Code

Principal Email Address: _____

Service Provider Contact Information: If Contact Information differs from Principal Information, the Contact Information must include a contact Name, Physical Address, Mailing Address, Telephone Number and Email Address.

Association with Business: _____

Contact Physical Address: _____
City State Zip Code

Contact Mailing Address: _____
City State Zip Code

Contact Email Address: _____

Equipment Information: Please enter the OBD-II device and wire harness information below.

Device Manufacturer: _____ Model Number: _____

Wire Harness P/N: _____

Signature of Business Principal

Date