



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
dmv.nv.gov

LONGER COMBINATION VEHICLE (LCV) PERMIT REPLACEMENT FORM

Carrier No. _____ Date _____

Carrier Name _____ Phone () _____

Address _____ Fax () _____

City, State, Zip _____ FEIN _____

I, _____ do hereby certify that Nevada
Printed Name

LCV Permit Number _____ has been lost
Permit Number
or destroyed, and I am requesting a replacement permit.

Under penalties of perjury the applicant declares that the information provided on this form is true accurate and complete. The applicant understands that in the event the original or replacement permit is misused or illegally copied the applicant may forfeit the privilege of purchasing replacement permits in the future. Additionally the applicant's operating privileges may be suspended and failure to comply with these provisions shall be grounds for revocation of authority in Nevada.

Registered Owner's Signature _____ Date _____
