

MOTOR CARRIER DIVISION 555 Wright Way Carson City, NV 89711 (775) 684-4711 mctlc@dmv.nv.gov dmv.nv.gov

## LONGER COMBINATION VEHICLE (LCV) PERMIT APPLICATION /REPLACEMENT FORM Reducible Vehicle/Load Combinations Exceeding 70 Feet in Length

General Information		
	FEIN:	
Company Name		Nine Digit Federal Employer Identification Number (FEIN)
Physical Address	City	State Zip Code
Mailing Address (If different from the physical)	City	State Zip Code
DBA (If used in this state)		
Contact Full Name		Phone Number
E-mail Address		Fax Number
Principal's Legal Name and Title		Principal's Driver License Number
Principal's Address	City	State Zip Code
Number of Permits Requested:		
Vehicle Insurance Information:		
Name of Insurance Company:		
Insurance Policy Number:		Expiration Date:
provided on this form is true, accurate, and complete. The applicant und	derstands that in th the future. Additio	number. The applicant swears under the penalties of perjury the information e event the original or replacement permit is misused or illegally copied, the onally, the applicant's operating privileges may be suspended and failure to
l,	do hereb	y certify that Nevada LCV Permit Number
Printed Name	has beer	n lost or destroyed, and I am requesting a
replacement permit.		
license, insurance, and current content of Note: All LCV permits are issued.  The undersigned certifies that in connection with this permit (1) the comb vehicle thereof is equipped with the maximum mechanical and safety eq	cab cards s d for a predeter sination of vehicles juipment specified	ed along with copies of the principal's driver howing Nevada on the registration. mined 12-month registration cycle.  conforms with the length as required by regulation; (2) that each component by regulation; (3) that said mechanical and safety equipment is in operable on possessing the minimum qualifications set forthin such regulations: and
Printed Full Legal Name	Signatur	e Date