



MOTOR CARRIER DIVISION  
555 WRIGHT WAY  
CARSON CITY, NV 89711-0600  
(775) 684-4711  
FAX (775) 684-4619  
[www.dmv.nv.gov](http://www.dmv.nv.gov)

## APPLICATION FOR FARM "IMPLEMENTS OF HUSBANDRY" PERMANENT LICENSE PLATE

Registration Information:

Registration Year: 20

Registrant Name (Legal Business Name)

Account Number

Principal's Full Legal Name and Title

Principal's Driver License Number

Contact Name and Title

Federal Employer Identification Number (FEIN)

Federal DOT Number (if applicable)

Telephone Number

Physical Address

City

State

Zip

Mailing Address (If different from the physical)

City

State

Zip

### Please check the appropriate type of application:

- ☐ **Initial Issuance \$104.50** (Farm Plate fee \$100, **Plate Production fee \$3.00**, Prison Industry fee \$0.50 & Technology fee \$1.00)  
☐ **Substitute/Replacement \$9.50** (Cab Card \$5.00, **Plate Production fee \$3.00**, Prison Industry fee \$0.50 & Technology fee \$1.00)  
☐ **Surrender** (Plate needs to be returned to Motor Carrier Division)

### General Information

Applicant must be an agricultural user with a minimum gross income of \$5,000 from agricultural pursuits during the immediately preceding calendar year, [NRS 361A.030](#).

The agricultural user is the holder of a policy of liability insurance which provides at least \$300,000 in coverage for bodily injury and property damage resulting from any single accident caused by the agricultural user while operating the implement of husbandry, [NRS 482.276](#).

Applicant must complete this form and submit it to the Department along with a photo of the equipment; copies of any ownership documents (if available); and evidence of a liability insurance policy of \$300,000. Applicants must surrender any plates issued if the vehicle is sold and/or insurance coverage for the vehicle is cancelled.

The Farm plate is a permanent plate. Once issued, they are NON-REFUNDABLE and NON-TRANSFERABLE.

**A completed vehicle application Schedule B form (MC003) must accompany this application in order to be processed.**

**PLEASE NOTE: THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU**

Printed Full Legal Name (and title if applicable)

Signature

Date

Date

Phone #

E-Mail Address

For Office Use Only					
Date Received	Date Approved	Date Issued	Initials	Account #	Fleet #



Motor Carrier Division  
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Fax (775) 684-4619  
[mctlc@dmv.nv.gov](mailto:mctlc@dmv.nv.gov)

## Vehicle Application: Schedule B

Account # \_\_\_\_\_ Fleet # \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Fleet Type: ☐ IRP / IFTA ☐ NV Only ☐ Permanent Trailer

**Columns 1-10 below must be completed for each line #**

Line #	1 Trans Code	2 Nevada County	3 Zip Code	4 Unit #	5 Plate #	6 Serial or Vin #	7 Vehicle Type	8 # of Axles/Seats on Vehicle	9 # of Axles on Trailer	10 Unladen Weight
1										
2										
3										

**Continued from above: Columns 11-19 below must be completed for each line #**

Line #	11 Combined Gross Weight	12 Odometer (NV only)	13 Fuel Type	14 Purchase Price	15 Purchase/Lease Date	16 Name of Lessor	17 USDOT # for MCRS	18 FEIN for MCRS	19 Weight Exception(s)
1									Y or N
2									Y or N
3									Y or N

UNDER PENALTIES OF PERJURY, THE APPLICANT DECLARES THAT THE INFORMATION GIVEN IS TO THE BEST OF THE APPLICANT'S KNOWLEDGE TRUE, ACCURATE AND COMPLETE. THE APPLICANT AGREES TO COMPLY WITH REPORTING, PAYMENT, RECORD KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT, THE INTERNATIONAL REGISTRATION PLAN, AND THE NEVADA REVISED STATUTES. THE APPLICANT FURTHER AGREES THAT THE MOTOR CARRIER DIVISION MAY WITHHOLD ANY REFUNDS DUE IF THE APPLICANT IS DELINQUENT ON PAYMENT OF ANY FEES DUE TO THE DEPARTMENT OR FUEL TAXES DUE TO ANY MEMBER JURISDICTIONS. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF LICENSE IN NEVADA AND ALL MEMBER JURISDICTIONS. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE HAZARDOUS MATERIAL AND MOTOR CARRIER SAFETY REGULATIONS. THE APPLICANT AGREES TO MAINTAIN INSURANCE PURSUANT TO NRS 485.185 AND 706.291 AND WILL COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

Print Full Legal Name and Title

Signature

Date

Phone Number

Registration Start Date: \_\_\_\_\_

Trans Code	Vehicle Type	Fuel Type
A - Add	TK - Truck	D - Diesel
D - Delete	TR - Tractor	G - Gasoline
C - Change	BS - Bus	P - Propane
T - Transfer	CR - Crane	E - Electric
E - Exchange	ST - Semi Trailer	H - Hybrid
----	FT - Full Trailer	O - Other

\*MCRS = Motor Carrier Responsible for Safety

\*Weight Exceptions: Attach the Schedule C