



Occupational and Business Licensing  
555 Wright Way  
Carson City, NV 89711  
(775) 684-4690  
[dmv.nv.gov](http://dmv.nv.gov)

## OUT OF BUSINESS NOTIFICATION

NRS Chapters 445B, 482, 483, 487 and 490

Business Name \_\_\_\_\_ DMV Business License # \_\_\_\_\_  
(Attach original business license to this form)

Business Address \_\_\_\_\_  
Street Address City State Zip Code

Reason for Closure \_\_\_\_\_ Date of Business Closure \_\_\_\_\_

### Forwarding Contact Information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

**Business License Plates** List all plates surrendered. If a plate issued to this license is not surrendered for the reason that it is Lost or Stolen, please attach a completed Lost Plate Affidavit OBL238 form. (Attach additional sheet if necessary)

Plate Number(s)	Plate Number(s)	Plate Number(s)	Plate Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Supplies:** List all unused secured documents surrendered. (Attach additional sheet if necessary)

Document Name	Control Number(s)	Document Name	Control Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Dealers/Rebuilders Only:

**Salespersons:** When a salesperson ceases to be employed by a licensed dealer, the dealer shall notify DMV by forwarding the salesperson's license to DMV within 10 days. NRS 482.362

**Dealer Report of Sale:** Please transmit Electronic DRS transactions prior to submitting this form to DMV. Once this form is processed by DMV, your login credentials to the EDRS web portal will no longer be valid.

Principal's Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signatures must be originals. Photocopies are not acceptable.*

### OBL Office Use Only

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Tech Number \_\_\_\_\_