



## VEHICLE REGISTRATION PROGRAM APPLICATION FOR PARTICIPATION

☐ Emission Station ☐ Dealer

Business Name \_\_\_\_\_ Business License No. \_\_\_\_\_

DBA Name \_\_\_\_\_ FEIN \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Other Business Phone No. \_\_\_\_\_

Principal's Name(s) \_\_\_\_\_

Please list all employees of this business that will be processing registration transactions. If the employee holds an occupational license, please list their department assigned occupational license number.

Name	Occupational License No.

Do you currently hold any other business or occupational license issued by the Nevada Department of Motor Vehicles? ☐ Yes ☐ No If yes, please provide the license number \_\_\_\_\_

Has any person listed on this application ever had a business or occupational license revoked, canceled, suspended, or denied?

☐ Yes ☐ No If yes, please provide the following information:

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

County and State Licensed County \_\_\_\_\_ State \_\_\_\_\_

Date revoked, canceled, suspended, or denied \_\_\_\_\_

Has any administrative action ever been taken against the owner(s) of this business by the Department of Motor Vehicles?

☐ Yes ☐ No

If yes, please provide the cause for the action and the date the action was taken.

**Emission Station Only:**

Has any principal of this business ever been convicted of felony Deceptive Trade Practices or felony Embezzlement?

☐ Yes ☐ No

If yes, please provide the following information:

Full Name \_\_\_\_\_

Charge \_\_\_\_\_ Date of Conviction \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

If more space is needed, please use additional sheets.

**Dealer Only:**

Has any employee of this business ever been convicted or pleaded nolo contendere to a felony or gross misdemeanor or a misdemeanor in violation of the provision of **NRS 482** and **NAC 482**?

☐ Yes ☐ No

If yes, please provide the following information:

Full Name \_\_\_\_\_

Charge \_\_\_\_\_ Date of Conviction \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

If more space is needed, please use additional sheets.

**CERTIFICATE OF APPLICANT FOR PROGRAM LICENSING**

Please initial next to each statement as acknowledgment that you have read and agree to all requirements of this program.

\_\_\_\_\_ I agree to maintain a secure place of business with storage for secure supplies to restrict unauthorized access.

\_\_\_\_\_ I agree to comply with all requirements set forth in Nevada Revised Statutes and Nevada Administrative code pertaining to the program.

**VERIFICATION**

*I, (we), the undersigned hereby certify that under penalty of perjury, that I (we) am the applicant making the foregoing application, and that the application has been read and the contents thereof and all statements contained herein are true, correct, and complete to the best of my knowledge and belief.*

State of Nevada, County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

Date

By \_\_\_\_\_  
Signature

Notary Stamp

Notary Public or Authorized DMV Representative

Application Accepted By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Approved: ☐ Yes ☐ No

Reason for Denial: \_\_\_\_\_