



PEER TO PEER CAR-SHARING PROGRAM INFORMATION

"Peer to Peer Car Sharing Program" defined.

"Peer to Peer Car Sharing Program" means a platform operated by a business that connects shared vehicle owners with shared vehicle drivers to enable the sharing of vehicles in exchange for money, per NRS 482C.180.

"Peer to Peer Car Sharing" defined.

Peer to Peer Car Sharing (P2P) means the authorized use of a vehicle by an individual other than the owner of the vehicle through a peer to peer car sharing program, per NRS 482C.175

LICENSING REQUIREMENTS

1. Application for P2P Business License, completed in full and signed by a designated executive of the business.
2. Personal History Questionnaire completed by a designated executive of the business listed on the license application.
3. Certificate of Insurance showing commercial general liability coverage, in accordance with Chapter 482C.295 of NRS, in an amount of not less than \$5,000.
4. In lieu of certificate of insurance to satisfy liability coverage referenced in requirement #3, applicants may file with the Department a bond or make a deposit, in accordance with NRS 482C.320, in an amount not less than \$5,000.
5. Copy of City or County business license, if applicable.
6. Fictitious Firm Name Filing, if applicable.
7. Copy of Certificate of Incorporation and Corporate filing, with names of the officers, filed with the Nevada Secretary of State's Office, if applicable.
8. The Federal Employer Identification Number (FEIN) of the business.
9. An email address for the business.
10. Website address of the Peer to Peer Car Sharing platform for the named business on the application.
11. Submit completed application packet and fees to: Department of Motor Vehicles, Attn: Occupational and Business Licensing, 555 Wright Way, Carson City, NV 89711

APPLICATION FEES (Non-refundable)

New License Fee: \$125.00

License Renewal Fee: \$50.00



APPLICATION FOR BUSINESS LICENSE AND GARAGE REGISTRATION

State Business License Number _____ DMV License Number _____
 (If new applicant, please leave blank)

Individual/Corporate Name _____

DBA Name _____

Mailing Address _____
 Street _____ City _____ State _____ Zip Code _____

Physical Address _____
 Street _____ City _____ State _____ Zip Code _____

Business Phone Number _____ Business Fax Number _____

E-Mail Address _____ FEIN: _____

Website Address _____

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)
<input type="checkbox"/> New Application <input type="checkbox"/> Principal Location <input type="checkbox"/> Branch Location <input type="checkbox"/> Change <i>Mark type of change(s)</i> <input type="checkbox"/> Add Activity <input type="checkbox"/> Remove Activity <input type="checkbox"/> Change of Principal(s) <input type="checkbox"/> Adding <input type="checkbox"/> Deleting <input type="checkbox"/> Change of Business Structure <input type="checkbox"/> Change of Business Address <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Change of Curriculum <input type="checkbox"/> Change of Class Schedule <input type="checkbox"/> Change of Email Address <input type="checkbox"/> Change of Business Name _____ Requested Name _____ Previous Name <input type="checkbox"/> Duplicate License	<input type="checkbox"/> Rebuilder <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Transporter <input type="checkbox"/> Broker <input type="checkbox"/> Wrecker <input type="checkbox"/> Electronic Notification <input type="checkbox"/> Salvage Pool <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> Body Shop <input type="checkbox"/> Class A Certificate Garage Registration <input type="checkbox"/> Garage Number of Technicians _____ Type of Repairs _____ _____	<input type="checkbox"/> Dealer <input type="checkbox"/> New Motor Vehicle <input type="checkbox"/> Used Motor Vehicle <input type="checkbox"/> New Trailer <input type="checkbox"/> Used Trailer <input type="checkbox"/> New Motorcycle <input type="checkbox"/> Used Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Long Term Lessor <input type="checkbox"/> Short Term Lessor <input type="checkbox"/> Short Term Tlr Lessor <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> OHV Dealer <input type="checkbox"/> New OHV <input type="checkbox"/> Used OHV <input type="checkbox"/> Long Term OHV Lessor <input type="checkbox"/> Short Term OHV Lessor <input type="checkbox"/> OHV Manufacturer <input type="checkbox"/> Peer to Peer Car Sharing Program _____ Website Address	<input type="checkbox"/> Drive School <input type="checkbox"/> Behind-the-Wheel <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> Minors <input type="checkbox"/> Traffic Safety School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> DUI School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet Emission Control (Business Activity) <input type="checkbox"/> Emission Station <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Test Only <input type="checkbox"/> Test & Repair <input type="checkbox"/> Fleet, Test Only <input type="checkbox"/> Fleet, Test & Repair



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MANAGEMENT: List name and title of the three (3) principal officers or executives participating in the direction, control or management of the policy of the business. Management change requires notification to the Department.

Name (Last, First, Middle)	Title

Registered Agent's Information: _____

Nevada Revised Statute and Nevada Administrative Code Chapters:

NRS/NAC Chapters 445B and 482	NRS/NAC Chapters 482 and 490	NRS/NAC Chapter 482C	NRS/NAC Chapter 483	NRS/NAC Chapters 487 and 597 (Body Shop and Garage only)
Station and Inspector licensing	Broker, Dealer, Distributor, Long-term Lessor, Manufacturer, Rebuilder, Salesman, Short-term lessor and transporter licensing, including Off-Highway Vehicle licensing	Peer to Peer Car Sharing Program	Instructor and School Licensing	Body Shop, Garage, Salvage Pool and Wrecker licensing or registration.

I understand providing false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my business license or registration and constitutes a gross misdemeanor under Chapter 482, 482C, 483, 487, 445B and 490 of the Nevada Revised Statutes. Furthermore, I understand it is my responsibility to review the aforementioned Nevada Revised Statute and Nevada Administrative Code Chapters with respect to the license or registration I am applying for and agree to comply with the requirements stated therein. I declare under penalty of perjury that the foregoing is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR DESIGNATED EXECUTIVE OF THE CORPORATION ONLY.

Applicant's Signature Title Date

State of Nevada
County of _____

Subscribed and sworn to before me this _____ day of _____ 20 _____ by _____

Signature of Notary Public or Authorized Nevada DMV Representative

Notary Seal



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PERSONAL HISTORY QUESTIONNAIRE

☐ New ☐ Update

This questionnaire is filed as part of the licensing application for:

P2P Business
License:

☐ Company
Executive

☐ Registered Agent/Manager

All lines and spaces must be completed in full. If not applicable enter (N/A).

Full Legal Name: _____

Last

First

Middle

Additional names you have been known by (*maiden name, stage name, nickname*):

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Office Phone _____ Additional Phone _____

Driver's License No. _____ State _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ ☐ Female ☐ Male

Title _____

Printed Name _____

Signature _____



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VEHICLE INDUSTRY BUSINESS LICENSE BOND

Bond Number _____

License Type: ☐ Peer to Peer Car Sharing Program

KNOW ALL MEN BY THESE PRESENTS:

That _____, as principal,
(Individual or Corporate Name and Name Doing Business as)

located in the County of _____, State of Nevada, obligee, and

_____, a corporation organized and existing under and by virtue of the
(Name of Surety)

laws of the State of _____, and authorized to transact a surety business in the State of Nevada, as surety, are held and firmly bound unto the State of Nevada in the penal sum of _____ FIVE THOUSAND DOLLARS for the payment of which well and truly to be made we hereby bind ourselves, our respective heirs, administrators, executors, successors and assigns jointly and severally, firmly by these presents:

To be effective on the _____ day of _____, 20____

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above-named principal has been licensed to carry on or conduct in this State the business of operation of a peer-to-peer car sharing program.

WHEREAS, the above-named surety herein agrees that a shared vehicle owner or shared vehicle driver injured by the failure of the licensee to provide the disclosures required by 482C.325 or to otherwise comply with the provisions of Chapter 482C of the Nevada Revised Statutes or Nevada Administrative Code may bring action in said injured person's own name against the said surety. This bond is continuous in form and the total aggregate liability of the bond is limited to the payment of the total amount of the bond. In the event of a dispute of a claim by the surety company, application may be made to the Director, Department of Motor Vehicles for good cause shown. After notice and hearing, the director may authorize payment of funds from here said surety coverage.

Bond Number _____

This bond may be canceled by the surety at any time by giving written notice by registered mail of its desire and intention so to do. Said cancellation shall be effective thirty (30) days after the receipt of said notice by the State of Nevada Department of Motor Vehicles, Occupational and Business Licensing Section.

Signed, sealed and dated this _____ day of _____, 20____

X _____
(Principal's Signature)

(Principal's Printed Name)

(Surety)

Telephone Number of Surety: _____

(Mailing Address of Surety Company, Street)

(City, State and Zip Code)

By _____
(Signature, Attorney-In-Fact for Surety)

(Printed Name, Attorney-In-Fact)
(The Corporate Seal of the Surety Company must be imprinted or affixed
to the bond form)

(Surety Seal)



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DEPOSIT STATEMENT

NRS 482, NRS 482C, NRS 487, NAC 445B, and NRS 490

Licensee's Name _____ DMV Business License # _____

Business Name _____

Address _____
Street City State Zip

In lieu of a bond, licensee has placed a deposit with the Nevada Department of Motor Vehicles (NV DMV).

(Check the appropriate deposit):

☐ 1. Cash in the amount of \$ _____

☐ 2. Savings/Time Certificate - Account No _____ In the amount of \$ _____

Bank/Credit Union Name: _____

Physical Address: _____
Street City State Zip Code

Representative's Name: _____ Phone: _____

Please initial next to each statement.

_____ I understand a deposit may be disbursed by the Director of NV DMV, in an amount determined by the Director to compensate a person injured by an action of the licensee.

_____ I understand if the amount of the deposit is reduced or there is an outstanding court judgment for which the licensee is liable under the deposit, the business license is automatically suspended.

_____ I understand that upon satisfactory evidence that there are no outstanding claims against the deposit, a deposit may be refunded by order of the Director 3 years after the date the licensee ceases to be licensed by the NV DMV pursuant to NRS 482, 482C, 487, 490, or 1 year after the date the licensee ceases to be licensed by the NV DMV pursuant to NAC 445B.

_____ I understand pursuant to provisions contained in NRS Chapters 482, 482C, 483, 485, 487, 445B, 597, and NAC 445B, if I deposit a Savings/Time Certificate with NV DMV, it must be issued by a bank/credit union situated in the State of Nevada and I must provide NV DMV a written letter from the bank/credit union stating the funds in the amount and account indicated above are unavailable for withdrawal except upon order of the NV DMV.

I acknowledge a deposit in lieu of a bond has been placed with the Nevada Department of Motor Vehicles under the terms prescribed by the NV DMV and pursuant to provisions contained in NRS and NAC.

Printed Name and Signature of Business Principal _____ Date _____

State of Nevada County of _____

Subscribed and sworn before me this _____ day of _____

Notary Public or Authorized Nevada DMV Representative

(Notary Seal)