

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION AND/OR SUBSTITUTE DECAL

NRS 482.500

There is a \$5 fee for the duplicate certificate of registration or a substitute decal. You must request the document(s); duplicate certificate of registration and/or substitute decal. When requesting a substitute decal, you will also receive a new certificate of registration with the new decal number. A substitute decal will not be provided when only requesting a duplicate certificate of registration. You must provide the department with your current Nevada evidence of insurance. When submitting this request through the mail, please include a photocopy of your evidence of insurance, originals will not be returned.

Please Print or Type

Select document(s) you are applying for: Duplicate Certific	ite of Registration 📋 Substitute Decal
Vehicle Identification Number	
Nevada License Plate Number	Registration Expiration Date
Make Model	Body Type Year
has changed, please complete the Address Change forr additional Duplicate Registration/Decal form.	be mailed to the address on file with DMV. If your address DMV022. If more than one owner, complete and attach an
Full Legal Name	/iddle Last
Nevada Driver's License, Identification Card Number, Date of	irth, or FEIN for businesses
Physical Address	City State Zip Code
Mailing Address	City State Zip Code
Telephone No I	-Mail Address
Signature of Applicant	Date
	ER OF ATTORNEY allowing another to apply for a duplicate certificate of registration of
Known All Men By These Presents:	
That the Undersigned	of the County of State of
being the registered owner of the above-described motor veh	cle does hereby make, constitute, and appoint
of the County of State of stead of the undersigned, for a Duplicate Certificate of Regi s Motor Vehicles of the State of Nevada.	true and lawful attorney in fact to sign in the name, place and tration and/or Substitute Decal issued by the Department of
In Testimony Whereof, the undersigned has herunto set my ha	nd on this Day of 20
Signature of Affiant	
Subscribed and sworn to before me on	
Date	

Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once it is signed and witnessed.



PAYMENT AUTHORIZATION FORM DO NOT EMAIL FORM

Debit or Credit Card Number (One number per box)				
	-			
Payment Type: Aaster Card Visa Disco	ver Card Expiration Date Month Year			
Cardholder Information				
Printed Name: Print your name as it appears on your card	Payment Amount (Required): Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types			
Cardholder Billing Address:Street Address or P.O. Box	City State Zip Code			
License Plate # / Driver License # / Business License # / Records# / Motor Carrier # of the transaction being processed: Telephone:				
Authorized Signature:	Date:			

By signing this form, you give the DMV permission to debit your account for the payment amount on or after the indicated date.

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Do not e-mail this authorization form. E-mailed forms will not be processed. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only		
Super Tran ID:	Last four of card:	Technician Number:
Comments:		