



AUTHORIZATION to RELEASE CERTIFICATE of TITLE NRS 482.427 & 482.555

The legal owner of the vehicle described below is unable to go to a Department of Motor Vehicles office to apply for the Certificate of Title. The immediate need for the title is due to _____

Vehicle Identification Number

| | | | | | | | | | | | | | | | | | |
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Year _____ Make _____ Model _____

Owner's Full Legal Name

First

Middle

Last

Nevada Driver's License, Identification Card Number, or FEIN for businesses _____

Physical Address

Address

City

State

Zip Code

Mailing Address

Address

City

State

Zip Code

Telephone Number _____ E-Mail Address _____

Licensed dealer authorized to receive certificate of title:

Dealer's Business Name _____

DMV Business License Number _____

Authorized Representative Printed Name _____

Dealer's Mailing Address

Address

City

State

Zip Code

In accordance with **NRS 482.555**, it is a gross misdemeanor to use a false or fictitious name or address in this authorization letter, or to knowingly make a false statement or knowingly conceal a material fact or otherwise commit a fraud in this application.

I hereby authorize the Department of Motor Vehicles to release the new Nevada title to the above licensed dealer. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Owner _____ Date _____