



Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 555 WRIGHT WAY
 CARSON CITY, NV 89711-0700
dmv.nv.com
 Fax: (775) 684-4797

PERSONALIZED LICENSE PLATE APPLICATION

NRS 482.3667

Personalized License Plates are issued for passenger and light commercial vehicles, trailers, or motorcycles.

This application is not required for specialty license plates unless they are personalized.

Personalized license plates ordered via mail or facsimile will be available for pickup at the DMV location of your choice, specified on the application below; you will be notified by mail when the plates are available to be picked up. You must bring your current registration, evidence of Nevada insurance and license plates. Substitute plate fees may apply.

If the vehicle is currently registered, you have the option to maintain the current vehicle registration expiration date or to renew for a full 12-month period from the date of transaction. Credit for any unused portion of the current registration is transferable to the personalized license plate registration. Evidence of a passing emissions inspection dated within the last 90 days (where applicable) will be required if you choose to renew your registration.

NOTE: The Department reserves the right to refuse any combination of letters and/or numbers that are deemed to be derogatory, profane, vulgar, or in conflict with any license plate series that has been issued. (NRS 482.3667 and NAC 482.320). All personalized plates are subject to an approval process; you will be notified if the plates you have requested are denied. The DMV may prohibit the transfer of personalized license plates from one vehicle or trailer to another if such transfer would result in an inappropriate use of letters or combination of letters and numbers.

Complete a SEPARATE application for each personalized license plate request.

Combinations **MAY NOT** exceed the number of positions, including spaces, designated for each Specialty License Plate. Symbols and punctuation marks **MAY NOT** be used. Refer to PERSONALIZED LICENSE PLATE INFORMATION SHEET (form SP-66A) for the maximum characters for each license plate style and associated fees.

License Plate Size

Vehicle/Large Trailer (Large Plates) Motorcycle / Small Trailer (Small Plate)

Requested Plate Style (i.e., V&T, Rodeo, Home Means Nevada) _____

If you currently have a registered personalized license plate and want to transfer to another license plate style, the original license plate fee must be submitted with the application.

First Choice **Second Choice**

Third Choice **Current License Plate Number** _____

You must explain the meaning of your requested personalized license plate. Write out how the license plate would read if it were spelled out in complete words. **The application will be rejected if this field is left blank or incomplete.**

Explanation _____

Please print or type

Full Legal Name _____
Last Name First Name Middle Name

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

Physical Nevada Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Telephone Number _____ E-Mail Address _____

Name of person to whom the license plate will be registered (if other than the applicant): _____

If ordered by mail, the location of the DMV office or County Assessor's office where you will pick up your license plates _____ . Please allow 4 to 6 weeks from the date of order for the license plates to be delivered.

Signature of Applicant: _____ Date: _____

| | | |
|-------------------------|----------------------------|-----------------------------|
| For DMV Use Only | Super Trans. Number: _____ | Date of Plate Order : _____ |
|-------------------------|----------------------------|-----------------------------|



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PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)

| | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|
| | | | | - | | | | | - | | | | | | | |
|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|

Expiration Date

Payment Type: Master Card Visa Discover Card

| | | | | |
|-------|--|---|------|--|
| | | / | | |
| Month | | | Year | |

Cardholder Information

Printed Name _____
Print your name as it appears on your card

Payment _____
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 / P.O. Box _____ City _____ State _____ Zip Code _____

Plate/Driver Lic./Bus. Lic./Records/MC
Number of the transaction being processed. _____ Telephone _____

Authorized Signature _____ Date _____

By signing this form, you give us permission to debit your account for the amount indicated 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 email this authorization form. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID _____ Last four of Card Number _____ Technician Number _____

Comments: _____

