



AFFIDAVIT FOR EXEMPT LICENSE PLATE APPLICATION
to provide services to Elderly and/or Persons with Disabilities
NRS 371.100, 482.268, 482.368, and 26 U.S.C. § 527

I declare that _____ receives funds from the State
Name of Authorized Organization
of Nevada or Federal government to provide services to the elderly or person(s) with disabilities. This vehicle is used
solely for the transportation of, or to furnish services to, the elderly or person(s) with disabilities. I understand that if this
grant expires or otherwise discontinues, the license plates must be surrendered to the Department of Motor Vehicles
immediately. I understand an annual review will be conducted to ensure the organization continues to qualify to use the
exempt license plates.

FEES: Exempt license plate: \$6.00 plus a \$.50 per license plate Prison Industry Fee (\$1.00 for 2 plates)
Duplicate plate: \$6.00.
For Official Use Only Decal: \$5.00, requesting _____ decals (number of decals)

- Proof of ownership documents must be provided at the time of registration. If the ownership documents are not
in the name of the organization, \$29.25 title fee is due to change the title in addition to the \$7.00 license fee.
• Copies of the grant award are required at the time this application is submitted to the Department. The grant
period start date _____ and the end date _____.
• Current evidence of insurance must accompany this application.
• A passing emission test issued within 90 days of submitting this application is required in Clark and Washoe
counties.
• A Technology fee has been associated to each transaction.

If the application is not completed in full it will be returned to the applicant.

Requesting: [] Initial Issue or [] Duplicate Plate EX _____

Vehicle is a: [] Passenger Vehicle, Truck, or a Large Trailer or [] Motorcycle or a Small Trailer

Name of Authorized Organization _____

ID # or FEIN _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Daytime Telephone No. (_____) - _____ Fax No. (_____) - _____

Vehicle Identification Number _____ County Vehicle Based In _____

Year _____ Make _____ Type _____ Cylinders _____ GVWR Rating _____

Model _____ Fuel Type _____ Axles _____

I, being the person authorized to apply for this registration, declare under penalty of perjury that the foregoing is true and correct.

State of Nevada
County of _____

Signed and sworn to before me on _____ Date

By _____
Printed Name of Authorized Agent

Signature of Authorized Agent

Signature of Notary or Authorized DMV Representative