



MOTOR CARRIER DIVISON
 555 WRIGHT WAY
 CARSON CITY, NV 89711
 Ph: 775-684-4711, ext. 2
 Fax: 775-684-4619
DMVNV.COM

RENEWAL APPLICATION FOR MOTOR AND SPECIAL FUEL SUPPLIER LICENSING

(As Required by NRS 365.304 and NRS 366.260)

This renewal is effective for the period of January 1, 2022 through December 31, 2022 and must be submitted to the Department of Motor Vehicles by December 1, 2021 to ensure your license remains active and to avoid any late renewal fees.

There is a \$115.00 license fee due with each license application. Checks must be made payable to the Department of Motor Vehicles.

Indicate the type of license: **Supplier/Distributor- All Fuel Types** **Special Fuel Dealer** **Exporter** **Transporter**
 (Please Note: *If your business activities have changed, please contact the Department immediately.*)

Name and account number as shown on license:

Has any person or business listed on the application ever had an ownership interest in a company or been an officer or director of a company that had a motor fuel or special fuel license cancelled, suspended, or revoked in another jurisdiction within the past 12 months?

Yes No

If yes, indicate the jurisdiction(s) and the reason(s) for the cancellation, suspension, or revocation:

If incorporated, you must attach a copy of your current officer list from the Nevada Secretary of State office to process your renewal.

Part 1, IDENTIFYING INFORMATION:

1. Current Ownership type: _____
2. Applicant's name, if a corporation or partnership must match the name as shown on your Corporate Documents or Partnership Agreement: _____
3. DBA or Trade Name, if different: _____
4. Current Business Physical Location: _____
(Street Address, City, State, Zip)

(Area Code, Telephone Number, Fax Number, Email address)
5. Federal Employer Identification Number or Social Security Number: _____
6. Current Mailing Address for correspondence (if different from #4 above):

(Street Address) (City, State, Zip)
7. Other Mailing Address, specify purpose:

(Street Address) (City, State, Zip)
8. Location of Records (if different from #4 above):

(Street Address) (City, State, Zip)
9. Current Licensing Contact:

(Name, Telephone Number, Fax Number, Email address)
10. Current Tax Return Contact:

(Name, Telephone Number, Fax Number, Email address)
11. Authorized Signature (Please print Name and Title and affix signature and Date below):

(Printed Authorized Name and Title)

(Authorized Signature) Date

For Office Use Only

Date received	Date Issued	Initials	Account Number
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