



MOTOR CARRIER DIVISION
 555 WRIGHT WAY
 CARSON CITY, NV 89711-0600
 (775) 684-4711
 FAX (775) 684-4619
dmvnv.com

APPLICATION FOR FARM "IMPLEMENTS OF HUSBANDRY" PERMANENT LICENSE PLATE

Registration Information: _____ Registration Year: 20 _____

Registrant Name (Legal Business Name) _____ Account Number _____

Principal's Full Legal Name and Title _____ Principal's Driver License Number _____

Contact Name and Title _____ Federal Employer Identification Number (FEIN) _____
 () _____

Federal DOT Number (if applicable) _____ Telephone Number _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (If different from the physical) _____ City _____ State _____ Zip _____

Please check the appropriate type of application:

- Initial Issuance \$103.50** (Farm Plate fee \$100, **Plate Production fee \$3.00**, Prison Industry fee \$0.50)
- Substitute/Replacement \$8.50** (Cab Card \$5.00, **Plate Production fee \$3.00**, Prison Industry fee \$0.50)
- Surrender** (Plate needs to be returned to Motor Carrier Division)

General Information

Applicant must be an agricultural user with a minimum gross income of \$5,000 from agricultural pursuits during the immediately preceding calendar year, [NRS 361A.030](#).

The agricultural user is the holder of a policy of liability insurance which provides at least \$300,000 in coverage for bodily injury and property damage resulting from any single accident caused by the agricultural user while operating the implement of husbandry, [NRS 482.276](#).

Applicant must complete this form and submit it to the Department along with a photo of the equipment; copies of any ownership documents (if available); and evidence of a liability insurance policy of \$300,000. Applicants must surrender any plates issued if the vehicle is sold and/or insurance coverage for the vehicle is cancelled.

The Farm plate is a permanent plate. Once issued, they are NON-REFUNDABLE and NON-TRANSFERABLE.

A completed vehicle application Schedule B form (MC003) must accompany this application in order to be processed.

PLEASE NOTE: THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU

Printed Full Legal Name (and title if applicable) _____ Signature _____ Date _____

() _____
 Phone # _____ E-Mail Address _____

For Office Use Only					
Date Received	Date Approved	Date Issued	Initials	Account #	Fleet #



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 Carson City, NV 89711-0600
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mctlc@dmv.nv.gov

Vehicle Application: Schedule B

Account # _____ Fleet # _____

Legal Business Name _____

Mailing Address _____
 Street City State Zip

Fleet Type: IRP / IFTA NV Only Permanent Trailer

Registration Start Date: _____

Trans Code	Vehicle Type	Fuel Type
A - Add	TK - Truck	D - Diesel
D - Delete	TR - Tractor	G - Gasoline
C - Change	BS- Bus	P - Propane
T - Transfer	CR - Crane	E - Electric
E - Exchange	ST - Semi Trailer	H - Hybrid
----	FT - Full Trailer	O - Other

*MCRS = Motor Carrier Responsible for Safety

Columns 1-10 below must be completed for each line #

*Weight Exceptions: Attach the Schedule C

Line #	1 Trans Code	2 Nevada County	3 Zip Code	4 Unit #	5 Plate #	6 Serial or Vin #	7 Vehicle Type	8 # of Axles/Seats on Vehicle	9 # of Axles on Trailer	10 Unladen Weight
1										
2										
3										

Continued from above: Columns 11-19 below must be completed for each line #

Line #	11 Combined Gross Weight	12 Odometer (NV only)	13 Fuel Type	14 Purchase Price	15 Purchase/Lease Date	16 Name of Lessor	17 USDOT # for MCRS	18 FEIN for MCRS	19 Weight Exception(s)
1									Y or N
2									Y or N
3									Y or N

UNDER PENALTIES OF PERJURY, THE APPLICANT DECLARES THAT THE INFORMATION GIVEN IS TO THE BEST OF THE APPLICANT'S KNOWLEDGE TRUE, ACCURATE AND COMPLETE. THE APPLICANT AGREES TO COMPLY WITH REPORTING, PAYMENT, RECORD KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT, THE INTERNATIONAL REGISTRATION PLAN, AND THE NEVADA REVISED STATUTES. THE APPLICANT FURTHER AGREES THAT THE MOTOR CARRIER DIVISION MAY WITHHOLD ANY REFUNDS DUE IF THE APPLICANT IS DELINQUENT ON PAYMENT OF ANY FEES DUE TO THE DEPARTMENT OR FUEL TAXES DUE TO ANY MEMBER JURISDICTIONS. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF LICENSE IN NEVADA AND ALL MEMBER JURISDICTIONS. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE HAZARDOUS MATERIAL AND MOTOR CARRIER SAFETY REGULATIONS. THE APPLICANT AGREES TO MAINTAIN INSURANCE PURSUANT TO NRS 485.185 AND 706.291 AND WILL COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

 Print Full Legal Name and Title Signature Date Phone Number