



MOTOR CARRIER DIVISION  
 555 WRIGHT WAY  
 CARSON CITY, NV 89711-0600  
 (775) 684-4711  
 FAX (775) 684-4619  
[dmv.nv.com](http://dmv.nv.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 #