



## APPLICATION FOR DUPLICATE OFF-HIGHWAY VEHICLE REGISTRATION DECAL NRS 490.082 & 490.105

- There is a \$5 fee for a duplicate registration decal.
- Make check or money order payable to the Department of Motor Vehicles. **Do not send cash.**
- If paying by credit or debit card, please use form [ADM-205](#), Payment Authorization.
- All forms and fees must be mailed to the DMV at the address above or taken to a licensed Nevada off-highway vehicle dealer.
- Off-highway vehicle transactions will be processed by the off-highway vehicle Section by mail or online at [www.ohv.nv.gov](http://www.ohv.nv.gov).  
**Off-highway vehicle transactions cannot be completed at DMV offices.**

*Please Type or Print Using Blue or Black Ink*

- OHV Registration
- Large All-Terrain Vehicle Registration **(Form OHV-031, Large ATV Insurance Declaration must also be completed and submitted)** "Large all-terrain vehicle" means any all-terrain vehicle that includes seating capacity for at least two people abreast **and**: 1. Total seating capacity for at least four people; **or** 2. A truck bed. Large OHV Registration requires insurance that meets requirements of [NRS 485.185](#).

Vehicle Identification Number:

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

- OHV Type:  Motorcycle  Snowmobile  All-Terrain Vehicle  Side-by-Side  Dune Buggy
- Other (Please Explain)

Decal Expiration Date: \_\_\_\_\_ Decal Number: \_\_\_\_\_

Fees due:	Duplicate Decal Fee:	\$5.00
	Total Fees Due:	\$5.00

**Registered Owner Name. The decal will be mailed to the address on file with DMV.  
 If your address has changed, please note previous and new addresses below.**

Full Legal Name: \_\_\_\_\_  
As it appears on the Nevada Driver's License, Identification Card, or Business Name

Nevada Driver's License or Identification Card Number, or FEIN for a Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail (Optional): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

If at a new address, please note previous address below:

Previous Physical Address: \_\_\_\_\_  
Address City State Zip Code

Previous Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_