



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 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:

Grid for Vehicle Identification Number (VIN) entry

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: