



Nevada Department of Motor Vehicles
ATTN: OHV Section
555 Wright Way
Carson City, NV 89711
(775) 684-4381
ohv.nv.gov

NEVADA OFF-HIGHWAY VEHICLE ONE AND THE SAME AFFIDAVIT NRS 490

Please Print or Type

I, _____ hereby swear under penalty of
Full Legal Name

NRS 490, that the following assertions are true of my own personal knowledge:

1. I reside at _____
Physical Address

City

State

Zip code

2. My mailing address is _____
Mailing Address

City

State

Zip Code

3. I, _____ am the same person as

4. My Nevada Driver's License, Identification
Number, Date of Birth, or FEIN for a business _____

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

Notary Public or Authorized DMV Representative

Notary Stamp

***Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed and witnessed.***



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