

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

Nevada Department of Motor Vehicles ATTN: OHV Section 555 Wright Way Carson City, NV 89711 (775) 684-4381 Fax (775) 684-4369 ohv.nv.gov

APPLICATION FOR A TITLE WITH A TOTAL LOSS BRAND

Licer	nsed I	Nevada	a Bus	siness	info	matic	on										
Full L	egal N	ame:															
Neva	da DM	V Busin	ess L	icense	Numb	er or F	EIN:										
Physic	cal Ne	vada Ad	ddress	s:													
Ĵ				Addres	SS					City	,				State	Zi	p Code
Mailin	ıg Addı	ress:	droce							City	,				State		o Code
	ing Address: Address phone:																Code
Indiv	idual	inform	ation	า													
Full L	egal N	ame: _															
Neva	da Driv	/er's Lic	ense,	ID Nu	mber,	or DO	B:										
Physic	cal Ne	vada Ad	ddress	s:													
yo.	ou	rada / to			dress					City	,				State		Zip Code
Mailin	ıa Addı	ress.															
Mailing Address: Address									City					State	Z	ip Code	
Telephone:									E-	E-mail:							
Signature of Applicant:													Date:				
	_	l, prope	-						nd/or o	ther r	eq	uired dod	cumen	ts, mu	st be a	attach	ed for
Vehic	le Ide	ntificat	ion N	umbe	r												
Year	1	M	ake	Model													
Pleas	e chec	k appro	priate	box:				_				al Loss Bi					
								」 Du	plicate	Title \	with	n Total Lo	ss Bra	nd			
Fees	Due.			Titl	e fee v	vithout	a com	nlete i	change	e in ow	/ne	rship:	\$20	00			

OHV-030 (1/2024) Page **1** of **1**

\$28.25

Title fee with a complete change in ownership: