555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
www.dmvnv.com

IMPORTANT NOTICE: THE RETIRED MILITARY VEHICLE MUST NOT BE USED FOR GENERAL TRANSPORTATION BUT MAY BE USED FOR EXHIBITIONS, PARADES, CHARITABLE EVENTS, FUNDRAISERS OR SIMILAR ACTIVITIES.

RETIRED MILITARY VEHICLE REGISTRATION APPLICATION

Important Information:

- *The vehicle registration must comply with Nevada Revised Statute 482.3817.*
- *The vehicle must comply with the insurance requirements per Nevada Revised Statute 485.185.* ***A copy of proof of insurance must be supplied with the registration application.***
- *Any vehicles without an assigned Vehicle Identification Number (VIN), are required to have a DMV VIN inspection and assignment of a unique VIN, per Nevada Revised Statute 482.290. The VIN report must be included with your application or it will be rejected and returned to you.*

License Plate Request

- *Initial registration request:*
  - *The completed application and fees must be sent to the Carson City DMV ATTN: Special Plates 555 Wright Way, Carson City NV 89711. The registration and license plates will be mailed to you in 4-6 weeks.*
  - *Payment can be submitted by check, money order, cashier's check or by using the Payment Authorization form (ADM-205). Please do not send cash.*

Registration and Renewal Fees

- *Initial Registration Fees:*
  - *Vehicle or trailer with large plate: $25.00 registration fee, $1.00 prison industry fee, totaling $26.00.*
  - *Motorcycle or trailer with small plate: $25.00 registration fee, $0.50 prison industry fee, totaling $25.50.*
- *Registration Renewal Fees:*
  - *$10.00 registration renewal.*
  - *Registration renewal can be done online, at a DMV Kiosk, by mail or at a DMV office.*

Section 1: Vehicle Information

Year _____ Make _____ Model _____ Body Type _____

Vehicle Identification Number:

Fuel: ☐ Gas ☐ Diesel ☐ Propane ☐ Electric ☐ Other

Section 2: Applicant Information

Full Legal Name _____
First Middle Last

Nevada Driver's License Number or Identification Card Number or FEIN for a Business _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

County retired military vehicle will be based in: _____

I hereby certify, under penalty of perjury, under the laws of the State of Nevada that all statements in this application and any accompanying documents are true and correct. I further understand that any misstatement of facts may be a misdemeanor or felony and may be punishable pursuant to NRS 193.130.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

Plate/Placard Number(s) _____ _____

DMV Tech Initials _____ Date Issued _____

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PAYMENT AUTHORIZATION FORM

DO NOT EMAIL FORM

Debit or Credit Card Number (One number per box)

				-					-					-				

Payment Type: ☐ Master Card ☐ Visa ☐ Discover Card

Expiration Date

		/		

Month Year

Cardholder Information

Printed Name: _____
Print your name as it appears on your card

Payment Amount (Required): _____
Pursuant to NRS 353.1467, credit card payments of $10,000 or more are not permitted and cannot be split between multiple payments and/or card types

Cardholder Billing Address: _____
Street Address or P.O. Box City State Zip Code

License Plate # / Driver License # / Business License # / Records# / Motor Carrier # of the transaction being processed: _____ Telephone: _____

Authorized Signature: _____ Date: _____

By signing this form, you give the DMV permission to debit your account for the payment amount on or after the indicated date.

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Do not e-mail this authorization form. E-mailed forms will not be processed. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID: _____ Last four of card: _____ Technician Number: _____

Comments: _____