

**AFFIDAVIT FOR EXEMPT LICENSE PLATE APPLICATION**  
**to provide services to Elderly and/or Persons with Disabilities**  
NRS 371.100, 482.268, 482.368, and 26 U.S.C. § 527

I declare that \_\_\_\_\_ receives funds from the State  
Name of Authorized Organization  
of Nevada or Federal government to provide services to the elderly or person(s) with disabilities. This vehicle is used **solely** for the transportation of, or to furnish services to, the elderly or person(s) with disabilities. I understand that if this grant expires or otherwise discontinues, the license plates must be surrendered to the Department of Motor Vehicles immediately. I understand an annual review will be conducted to ensure the organization continues to qualify to use the exempt license plates.

**FEES:** Exempt license plate: \$5.00 plus a \$.50 per license plate Prison Industry Fee (\$1.00 for 2 plates)  
Duplicate plate: \$5.00.  
For Official Use Only Decal: \$5.00, requesting \_\_\_\_\_ decals (number of decals)

- Proof of ownership documents must be provided at the time of registration. If the ownership documents are not in the name of the organization, \$28.25 title fee is due to change the title in addition to the \$6.00 license fee.
- Copies of the grant award are required at the time this application is submitted to the Department. The grant period start date \_\_\_\_\_ and the end date \_\_\_\_\_.
- Current evidence of insurance must accompany this application.
- A passing emission test issued within 90 days of submitting this application is required in Clark and Washoe counties.

**If the application is not completed in full it will be returned to the applicant.**

Requesting:  Initial Issue or  Duplicate Plate **EX** \_\_\_\_\_

Vehicle is a:  Passenger Vehicle, Truck, or a Large Trailer or  Motorcycle or a Small Trailer

Name of Authorized Organization \_\_\_\_\_

ID # or FEIN \_\_\_\_\_

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

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

Daytime Telephone No. (\_\_\_\_\_) - \_\_\_\_\_ Fax No. (\_\_\_\_\_) - \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ County Vehicle Based In \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ Cylinders \_\_\_\_\_ GVWR Rating \_\_\_\_\_

Model \_\_\_\_\_ Fuel Type \_\_\_\_\_ Axles \_\_\_\_\_

I, being the person authorized to apply for this registration, declare under penalty of perjury that the foregoing is true and correct.

State of Nevada  
County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Notary or Authorized DMV Representative