



555 WRIGHT WAY
CARSON CITY, NV 89711-0700
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
Fax (775) 684-4797
www.dmvnv.com

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION AND/OR
SUBSTITUTE DECAL
NRS 482.500

There is a \$6 fee for the duplicate certificate of registration or a substitute decal, which includes a Technology fee. You must request the document(s); duplicate certificate of registration and/or substitute decal. When requesting a substitute decal you will also receive a new certificate of registration with the new decal number. A substitute decal will not be provided when only requesting a duplicate certificate of registration. You must provide the department with your current Nevada evidence of insurance. When submitting this request through the mail, please include a photocopy of your evidence of insurance, originals will not be returned.

Please Print or Type

Select document(s) you are applying for: [] Duplicate Certificate of Registration [] Substitute Decal

Vehicle Identification Number

Grid of 17 boxes for Vehicle Identification Number

Nevada License Plate Number _____ Registration Expiration Date _____

Make _____ Model _____ Body Type _____ Year _____

Registered Owner/ Lessee Name The document will be mailed to the address on file with DMV. If your address has changed, please complete the Address Change form DMV022. If more than one owner, complete and attach an additional Duplicate Registration/Decal forms.

Full Legal Name _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN
for businesses _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Telephone No _____ E-Mail Address _____

Signature of Applicant _____ Date _____

LIMITED POWER OF ATTORNEY

To be completed by the registered owner of record ONLY when allowing another to apply for a duplicate certificate of registration or substitute decal on behalf of the registered owner.

Known All Men By These Presents:

That the Undersigned _____ of the County of _____ State of _____,
being the registered owner of the above-described motor vehicle does hereby make, constitute and appoint _____

_____ of the county of _____, State of _____, true and lawful attorney in fact to sign in the name,
place and stead of the undersigned, for a Duplicate Certificate of Registration and/or Substitute Decal issued by the Department of
Motor Vehicles of the State of Nevada.

In Testimony Whereof, the undersigned has hereunto set my hand on this _____ day of _____ 20_____

Signature of Applicant _____

Subscribed and sworn to before me on _____

Date

Notary Public or Authorized Nevada DMV Representative



Please remit \$6.00 for each Registration Certificate. If ordering by mail, you may also remit a check or money order.

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PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)

Grid for entering card number with dashes in the 5th and 10th positions.

Expiration Date

Payment Type: [] Master Card [] Visa [] Discover Card

Grid for entering expiration date with slash separator, labeled Month and Year.

Cardholder Information

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

Payment _____
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 / P.O. Box City State Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC
Number of the transaction being processed. _____ Telephone _____

Authorized Signature _____ Date _____

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

ADM-205 (Rev. 6/2019)

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 email this authorization form. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID _____ Last four of Card Number _____ Technician Number _____

Comments: _____