

NON-RESIDENT, ACTIVE DUTY MILITARY GOVERNMENTAL SERVICES TAX EXEMPTION AFFIDAVIT

Requirements to Claim Exemption - This form and a copy of a Leave Earnings Statement (LES) showing the home state is one other than Nevada and is dated within the previous 30-days; these must be presented during each registration period. Confidential information may be blacked out on the LES. If the exemption is being claimed by mail, the LES will not be returned.

(Please type or print)

Part 1 Must be completed by Commander or Authorized Officer

I hereby certify that I have examined the service record of (full legal name of active duty military servicemember)

First		Middle		Last	Last	
Rank		, driver's license or ID card number			issued i	
the State of		, and a member of _			unit and is assigned	
to duty at					, installatio	
effective						
Date Ordered	to Duty Station					
declare under penal	ty of perjury that th	ne foregoing is true and	I correct.			
Printed Name of Commande	er or Authorized Officer		Ra	nk		
Signature (in ink)			Da	te		
()						
()			Em	Email Address		
<u>Part 2</u> Must be co	mpleted by non	-resident active du	ty servicemer	mber claiming	exemption	
Under the provisions o	of the Servicemembe	r's Civil Relief Act of 200	3 and the United	States Supreme (Court decision in the	
		386 (1966), I hereby cla				
				.,,	~ ·	
Year Make		Model			License Plate Number	
Vehicle Identification Number	er		l l		<u> </u>	
Full Legal Name						
	First	Mi	ddle	Last		
Email Address						
Physical Address	Address		City	State	e Zip-Code	
Mailing Address	Addisa		0.15	01-1-	7:	
	Address		City	State	Zip-Code	
Telephone Number ()					
l declare under penal	ty of perjury that th	ne foregoing is true and	I correct.			
Signature (in ink)			Da	ate		