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UN-RECOVERED VEHICLE TITLE REQUEST FORM

This form is used to supply the Department of Motor Vehicles with vehicle specific information when requesting a title for an un-recovered stolen vehicle.

Complete this form and submit it along with the required documents being submitted for a Certificate of Title.

The Business or Applicant is stating the vehicle described below is an "un-recovered stolen vehicle" and will indemnify and hold harmless the State of Nevada on account of the issuance of a Certificate of Title for said vehicle.

Please Print or Type

This vehicle was reported stolen by \_\_\_\_\_

on (date) \_\_\_\_\_.

Vehicle Identification Number (VIN) \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Business Representative or Applicant's Full Legal Name:

\_\_\_\_\_  
First Middle Last  
Nevada Driver's License, Identification Card  
Number, Date of Birth, or FEIN (Business only) \_\_\_\_\_

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

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

Signature of Business Representative or Applicant:

\_\_\_\_\_ Date \_\_\_\_\_