



Registration Services Transaction Request

Complete one transaction request for each vehicle. If more than one vehicle is requested for a client a transaction request must be submitted for each vehicle. **This form must be legible and completed in its entirety.**

Business Name: _____ SOS NVDP#: _____ Exp: _____

Authorized Representative: _____
Printed Name Signature

Phone # _____
Requesting (check transaction(s)) Title Registration Temp Movement Permit COA Other _____
Online Portal or Kiosk Error Code

Owner information (if more than two owners, complete and attach an additional Registration Services Transaction Request form)

Owner's Full Legal Name: _____ and _____ or _____
First Middle Last

NV Driver's License, Identification, DAC Number and Date of Birth _____
(D.O.B. only needed if never issued NV DL, ID, or DAC)

FEIN # Fleet Insurance only: _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Owner's Full Legal Name: _____
First Middle Last

NV Driver's License, Identification, DAC Number and Date of Birth _____
(D.O.B. only needed if never issued NV DL, ID, or DAC)

FEIN # Fleet Insurance only: _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Customer's Telephone Number _____ Customer's Email (optional) _____

Vehicle Information:	Vehicle Identification Number	Payment Submitted	Cash	Check	Credit Card	ACH

Year _____ Body Type _____ Model _____ Make _____

Fuel _____ Unladen Weight (Trailer) _____ Length _____ County based in _____

Axles _____ Declared Gross Weight (Truck) _____ **Odometer (required)** _____

Title and Registration Documents submitted (check all that apply)

- | | | | | |
|---|-------------------|-----------------|---------------------------------------|----------------------|
| Title or MSO | Purchase Order | Lease Agreement | NV Renewal card | Emission Certificate |
| Bill of Sale | EDRS or Lien Sale | VIN Inspection | NV Insurance card | Exemption # _____ |
| Erasure Affidavit | Nevada LIVE | Other _____ | Application for Registration (VP-222) | |
| Out of State Registration (State and License Plate #) _____ | | | Personalized Plate application | |

Temporary Movement Permit requested for _____ **days for (reason)** _____
(Ownership documents must be marked in the Title and Registration Documents section.)

License Plate Information – must be provided if available

Note: Use any/all credit (linked to customer) available in system at the time of processing registration Yes No
 Transferring Plate Surrendering Plate # _____ **If box is not marked – refund will not be processed.**
 New Plate Specialty Plate Type _____ Trailer Plate Small Large Trailer Registration 1yr 3 yrs

DMV use only: Tech ID: _____ Payment Type Cash Check Credit Card ACH
 Completed Transaction(s)
 RS# _____ Title Registration Renewal Plate Order Permit NV LIVE Other _____
 Rejection Reason _____

Any erasures or Alterations will VOID this application. Form must be original.
 Photocopies are not acceptable. Changes may not be made to this form once completed.