



## MOPED REGISTRATION APPLICATION/INSPECTION

### NRS 482.2155

**Requirements for Registration:**

- Displacement of not more than 50 CC.
- Not more than 2 gross brake horsepower or 1500 Watts final output.
- Motor-driven scooter, motor-driven cycle with not more than three (3) wheels in contact with the ground.
- Capable of maximum speed of not more **than 30 miles per hour** on a flat surface with not more than 1% grade in any direction when the motor is engaged.

*Please Type or Print Using Blue or Black Ink*

**Vehicle Owner Information**

Full Legal Name: \_\_\_\_\_  
As it appears on the Nevada Driver's License or Identification Card, or Business Name

Nevada Driver's License Number or Identification Card Number or FEIN for a Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail (Optional): \_\_\_\_\_

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

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

County moped will be based in: \_\_\_\_\_ MSRP: \_\_\_\_\_

I hereby certify, under penalty of perjury, under the laws of the State of Nevada that all statements in this application and any accompanying documents are true and correct. I further understand that any misstatement of facts may be a misdemeanor or felony and may be punishable pursuant to **NRS 193.130**.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(To be completed by an Authorized Nevada DMV Representative, Sheriff, Deputy Sheriff, or NV dealer at time of purchase)**

***Please Print or Type***

I certify that I have examined the following vehicle:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

**Vehicle Identification Number**

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Engine Displacement/Output: CCs: \_\_\_\_\_ Watts: \_\_\_\_\_ Horsepower: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Authorized Inspector – Printed Name: \_\_\_\_\_ Badge or ID #: \_\_\_\_\_

Authorized Inspector – Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enforcement Agency: \_\_\_\_\_

NV Moped Dealer: \_\_\_\_\_ NV Moped Dealer License: \_\_\_\_\_