

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 \$5 fee for the duplicate certificate of registration or a substitute decal. 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 apply Vehicle Identification Number	ing for: ☐ Duplicat	te Certificate of Re	egistration ∐ Sı	ubstitute Decal			
Verifice identification Number							
Nevada License Plate Number _		Registration Expiration Date					
Make			dy Type				
Registered Owner/ Lessee Nam changed, please complete the additional Duplicate Registration/l	Address Change fo						
Full Legal Name							
First Nevada Driver's License, Identific				ast			
for businesses	ation Card Number,	, Date of Birtin, of h					
Physical Address							
Address		С	ity	State	Zip Code		
Mailing Address Address		C	ity	State	Zip Code		
Telephone No			ss		·		
Signature of Applicant				Date			
To be completed by the registered o	wner of record ONLY	POWER OF ATT	-	a duplicate certificate	of registration or		
substitute decal on behalf of the registe	ered owner.						
Known All Men By These Presents:							
That the Undersigned	of the County	y of	State of	State of,			
being the registered owner of the ab	ove-described motor	vehicle does hereby	make, constitute	and appoint			
of the county of, State of, true and lawful attorney in fact to sign				sign in the name,			
place and stead of the undersigned, f Motor Vehicles of the State of Nevada		icate of Registratio	n and/or Substitu	ute Decal issued by t	he Department of		
In Testimony Whereof, the undersign	ed has hereunto set n	ny hand on this	day of	20			
Signature of Applicant			<u></u>				
Subscribed and sworn to before n	ne on Date						
Notary Public or Authorized Neva		tative					

Notary Public *or* Authorized Nevada DMV Representative

VP013 (Rev 8/2012)



Please remit \$5.00 for each Registration Certificate. If ordering by mail, you may also remit a check or money order.

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Select Payment Type:	ATM/Debit *	Master Card	Payment An	mount <u>\$</u> Discover Car	d	
		Debit or Credit Card N	umber (one number pe	r box)		
Please Print or Type	-	- Cardholder		-	Exp	iration Date
Printed Name		Print your name as it appears on y	our card		Month	/ Year
Mailing Address		Thin your name as it appears only	our ouru		onu.	100.
Plate/Driver Lic /Bus. of the transaction being	Street / P.O. Box Lic./Records/MC Numbering processed.	City er	State	Zip Code Telephone	()	
Authorized Signature				Date		
VP205 (Ü^ç İÄ. ED€ FI)	or is declined, the DMV is a	It by checking "ATM/Debit" I am auth- authorized to complete the transaction of the payment with my credit	n as a credit. The paymen	nt amount may not exceed	the amount abov	ve. I certify that I am an