555 Wright Way
Carson City, NV 89711
Reno/Carson City (775) 684-4DMV (4368)
Las Vegas (702) 486-4DMV (4368)
dmv.nv.gov

Application For Vehicle Registration

NRS Chapters 482 and 485

Nevada evidence of insurance must be presented to the Department of Motor Vehicles at the time of application for registration. **Trailers are exempt from insurance requirements. All fields must be completed.**

PLEASE PRINT OR TYPE

Vehicle Identification Number

Year _____ Make _____ Model _____

- **Truck or bus:** The declared gross weight (for commercial vehicles, include trailer and load) is _____ lbs.
- **Trailer** (excluding travel trailers): the unladen weights is _____ lbs.
- The vehicle will be based in _____ county.
- The vehicle's current odometer reading _____.

I hereby apply for registration for the above described vehicle and I declare that, while this vehicle is registered in my name or should be registered, I will continuously maintain insurance as required by **NRS 485.185**, either by a motor vehicle liability insurance policy or by qualifying as a self-insurer in compliance with law. **Note: The vehicle must be insured by an insurance company licensed in the State of Nevada. The statement, "the coverage meets the requirements set forth in NRS.485.185" must be included on the Nevada Evidence of Insurance card.** Out-of-State insurance will not be accepted. Trailers are exempt from insurance requirements.

Reinstatement fees for an insurance lapse range from $250 to $750, and fines ranging from $250 to $1,000 are assessed on a tiered system based on the length of the lapse and the history of previous violation(s). Reinstatement requirements may include a SR-22 and/or a Driver's License Suspension.

In accordance with **NRS Chapters 482 and 485**, if the motor vehicle liability insurance on the above-referenced vehicle lapses for 91 days or more, I understand and agree that I will be required to pay all applicable registration reinstatement fees and fines and I will be required to maintain a Certificate of Financial Responsibility (SR-22 High Risk Insurance) for a period of not less than three years from the registration reinstatement date. Additionally, if there is a third or subsequent lapse of vehicle liability insurance on the above-referenced vehicle, I understand and agree that my driver's license will be suspended for not less than 30 days; I will be required to pay all applicable registration and driver's license reinstatement fees and fines; and I will be required to maintain a Certificate of Financial Responsibility (SR-22) for a period of not less than three years from the registration reinstatement date.

NOTE: It is a **gross misdemeanor** to use a false or fictitious name or address in this application for registration, or to knowingly make a false statement or knowingly conceal a material fact or otherwise commit fraud in this application.

Full Legal Name: _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, FEIN for Businesses, or Motor Carrier Number: _____

Physical Nevada Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Telephone: _____ Email: _____

Signature: _____ Date: _____
Registered Owner (or authorized person with POA)