



MOTOR CARRIER DIVISION  
 555 WRIGHT WAY  
 CARSON CITY, NV 89711-0600  
 (775) 684-4711  
 fax (775) 684-4619  
[www.dmvnv.com](http://www.dmvnv.com)

**VEHICLE APPLICATION: SCHEDULE B**

**LICENSE YEAR** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ FLEET # \_\_\_\_\_  
 FULL LEGAL NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

Check here for address change     IFTA     IRP     NV Only     Permanent Trailer (only full & semi-trailers)

All fields below must be completed. Please write "N/A" for fields that do not apply:

TRANS CODE (1)	VEHICLE (7)	FUEL (8)
A-ADD	TR-TRACTOR	D-DIESEL
C-CHANGE	TK-TRUCK (SINGLE)	G-GAS
D-DELETE	BS-BUS	P-PROPANE
R-REFUND	ST-SEMI TRAILER	O-OTHER
T-TRANSFER	FT-FULL TRAILER	

OFFICE USE ONLY
NO. OF REG> MOS.
SUPP. NO.
DATE
INITIALS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
TRANS CODE	NEVADA COUNTY	PLATE #	OPERATOR'S VEHICLE #/ UNIT #	YEAR AND MAKE	SERIAL OR VIN #	VEHICLE TYPE	FUEL TYPE	#OF AXLES/ SEATS	#OF COMBINED AXLES	UNLADEN WEIGHT	COMBINED DECLARED GROSS WEIGHT	ACTUAL PURCHASE PRICE	ORIGINAL PURCHASE PRICE OR FACTORY PRICE	PURCHASE DATE	LEASE DATE	LESSOR	STATE TITLED

NUMBER OF IFTA DECALS IF REQUIRED? \_\_\_\_\_ IF MORE THAN THE VEHICLES LISTED ABOVE PLEASE EXPLAIN \_\_\_\_\_

UNDER PENALTIES OF PERJURY, THE APPLICANT DECLARES THAT THE INFORMATION GIVEN IS TO THE BEST OF THE APPLICANT'S KNOWLEDGE TRUE, ACCURATE AND COMPLETE. THE APPLICANT AGREES TO COMPLY WITH REPORTING, PAYMENT, RECORD KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT, THE INTERNATIONAL REGISTRATION PLAN, AND THE NEVADA REVISED STATUTES. THE APPLICANT FURTHER AGREES THAT THE MOTOR CARRIER DIVISION MAY WITHHOLD ANY REFUNDS DUE IF THE APPLICANT IS DELINQUENT ON PAYMENT OF ANY FEES DUE THE DEPARTMENT OR FUEL TAXES DUE TO ANY MEMBER JURISDICTIONS. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF LICENSE IN NEVADA AND ALL MEMBER JURISDICTIONS. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE HAZARDOUS MATERIAL AND MOTOR CARRIER SAFETY REGULATIONS. THE APPLICANT AGREES TO MAINTAIN INSURANCE PURSUANT TO NRS 485.185 AND 706.291 AND WILL COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

Full Legal Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

**APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU**