



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

CREDENTIAL RETURN RECEIPT

Carrier Number _____ Date _____
Carrier Name _____ Phone () _____
Address _____ Fax () _____
City, State, Zip _____

The following credentials have been returned to _____
Branch Location Date

Credential Return Information

Plates & Cab Cards Returned: _____

Overweight / Overlength (OWL) Permits Returned: _____

(Use additional sheet if necessary)

Lost or Stolen Credential Information

If your license plate, cab card, or Overweight / Overlength (OWL) Permit, was lost or stolen please provide information detailing when and how the loss occurred: _____

(Use additional sheet if necessary)

Note: If you are missing a license plate you must attach a "Lost, Stolen, or Mutilated License Plate Affidavit (form RD 202)."

If you are returning or relinquishing your credentials please check all the reasons below that apply:

Vehicle Sold Vehicle Out of Service Refund Closing account Other

If you are closing your account, please remit a tax return for any time operated during a quarter to the above address. Tax return quarters are Jan - Mar, Apr - Jun, Jul - Sep, & Oct - Dec. Blank tax returns are available from the Motor Carrier Section or online at the above address. (Refunds will not be issued until a tax return is submitted, if required.)

Printed Name

Customer Signature

Received by _____
Authorized DMV Employee