



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

TRANSPORTER'S REPORT
Common & Contract Petroleum Products Carrier Report

Account No. Report Period FEIN

PLEASE PRINT OR TYPE

Name and Address:

Name and Mailing Address:

Blank lines for entering Name and Address and Name and Mailing Address.

THIS FORM MUST BE FILED BY THE LAST DAY OF THE MONTH FOR DELIVERIES MADE DURING THE PRECEDING MONTH

Table with 2 columns and 4 rows. Row 1: Total gallons of petroleum products loaded at a NV location and delivered to another state (Attach Schedule 1A). Row 2: Total gallons of petroleum products loaded at an out-of-state location and delivered in NV (Attach Schedule 2A). Row 3: Total gallons of petroleum products loaded at a NV location and delivered in NV (Attach Schedule 3A). Row 4: Total gallons of petroleum products transported (total lines 1 through 3).

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is correct and complete.

Authorized Signature Telephone Number Date

Printed Name of Signer Title of Signer and E-mail Address