

DUPLICATE LICENSE PLATE APPLICATION FOR MOTOR CARRIERS

(This application is not to be used for vehicles that are not motor carrier vehicles. Instead, process form SP14.)
(NRS 482.285)

The registered owner of a motor carrier vehicle may request Duplicate License Plates to replace the currently registered license plates using the exact combination of letters and numbers. The original license plates must not have been stolen off this vehicle. The fee for duplicate license plates is \$19 for a set of two plates, or \$15 for one trailer plate. All power units receive two plates and trailers receive one plate. There has been a technology fee associated to each transaction.

When your license plates are made, they will be delivered to the main DMV office in Carson City. Upon receipt by our office, the license plates and applicable registration information will be mailed to you. If you elect to pick them up from an authorized DMV office, please identify the office below. The current motor carrier registration will continue to be valid as originally issued; there is no need to re-register for the present year.

Specific Instructions For Completing This Form

- Fill in the requested information completely.
- Remit the appropriate amount: \$19 for a set of two plates or \$15 for one trailer plate. If applying by mail, remit check or money order payable to DMV (please do not send cash through the mail system).
- Return or mail the application and fee to DMV at the address listed above.

Carrier Number: _____

Registered Owner's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone Number: _____

Please print or type the exact combination of letters and numbers for the duplicate license plates below.

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If you elect to pick up the duplicate license plates, please indicate the location of the most convenient DMV office: _____

I hereby make application for duplicate license plates. I have read and understand the conditions under which these license plates are to be issued.

Applicant's Signature: _____ Date: _____