



Occupational and Business Licensing
555 Wright Way
Carson City, NV 89711
(775) 684-4690
www.dmvnv.com

LETTER OF AUTHORIZATION

Please print or type

Business Name: Business License Number:

Address:

City State Zip Code:

Telephone Number: ()

Please check appropriate authorization boxes:

- All Activities, Pick Up Licenses, Pick Up Plates/Decals, Pick Up Supplies, Pick Up Titles, Sign Forms, Sign Renewal Form, Sign Titles

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

The listed Agent(s) is no longer authorized to represent my business:

Printed Name of Agent Printed Name of Agent Printed Name of Agent

Printed Name of Agent Printed Name of Agent Printed Name of Agent

I hereby authorize the changes as indicated above for my business with the Nevada Department of Motor Vehicles.

Printed Name of Principal

Signature of Principal Date

To protect your business, notify the Department immediately of any changes to the above information.