



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

LICENSEE / REGISTRANT ACKNOWLEDGEMENT

Please print or type

I _____ having made application with the Department of Motor
Name (please print)

Vehicles, for a business or occupational license, acknowledge that I have been provided with the
Department website address and directions on how to access the Nevada Revised Statute and
Nevada Administrative Code pertaining to the license/registration for which I am applying and have
been encouraged to review those laws and rules, since they affect the manner in which my business
is conducted.

Table with 4 columns: NRS/NAC Chapter 445B & 482, NRS/NAC Chapter 482 & 490, NRS/NAC Chapter 483, NRS/NAC Chapters 487 & 597 (Body Shop & Garage only). Rows describe licensing categories like Station and Inspector, Broker/Dealer, Instructor and School, and Body Shop/Garage/Wrecker.

DMV WEBSITE
www.dmvnv.com

Select Business link for specific type of license.

NRS/NAC WEBSITE
www.leg.state.nv.us

Select the appropriate NRS Chapter Link from this website.

Name: _____ DMV Lic. #: _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Telephone Number: () - Social Security #: - - Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Gender: _____

I certify under penalty of perjury that all information contained in this application is true and correct. I
agree to comply with all NRS/NAC requirements applicable to the license that I am applying for.

Applicant's Signature

Date

DMV Representative's Signature

Date