Compliance Enforcement Division
Emission Control Program
555 Wright Way
Carson City, Nevada 89711-0250
Reno/Sparks (775) 684-3580
Las Vegas (702) 486-4981
dmvnv.com

APPLICATION FOR FLEET PARTICIPATION IN THE CONTINUOUS MONITORING OF MOTOR VEHICLES

NRS 445B.767

Date: _____

A business requesting to become a Continuous Monitoring Fleet Participant must submit the following documentation with this completed application to the Certified Service Provider:

- Fleet Agreement for Participation in the Continuous Monitoring of Motor Vehicles, Form EC-44.
- A photo copy of the driver's license of the Principal of the business.
- A photo copy of the driver's license of the Contact for the business (If Contact differs from Principal).

Additional Continuous Monitoring Fleet Participant information is available on the Continuous Monitoring Informational Document for Fleet Participants, Form EC-49.

Fleet Participant Business Information: Business Information must include the Business Name, Physical Address, Mailing Address, Telephone Number, Email Address, Fleet Number and Name of Certified Service Provider.

Name: _____ Telephone Number: _____

Physical Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Email Address: _____

Fleet Number: _____

Name of Certified Service Provider: _____

Fleet Participant Contact Information: If Fleet Participant Contact Information differs from Principal Information, the Fleet Participant Contact Information section must be completed in full.

Contact Name: _____ Telephone Number: _____

Association with Business: _____

Contact Physical Address: _____
City State Zip Code

Contact Mailing Address: _____
City State Zip Code

Contact Email Address: _____

Compliance Enforcement Division
Emission Control Program
555 Wright Way
Carson City, Nevada 89711-0250
Reno/Sparks (775) 684-3580
Las Vegas (702) 486-4981
www.dmvnv.com

Emission Inspection Fee:
Fleet Participants will be required to pay a $6.00 Emission Inspection Fee prior to renewal of vehicle registration.

Vehicles to be Enrolled: A list of Fleet Vehicles to be enrolled for participation in this program must be provided to the Department in Excel format and include the following vehicle information (see example below):

1. Vehicle Identification Number (VIN)
2. Nevada License Plate Number
3. Vehicle Year
4. Vehicle Make
5. Vehicle Model

_____ Signature of Fleet Participant

_____ Date

BUSINESS NAME:_____ FLEET #:_____

Vehicle Identification Number (VIN)	Nevada License Plate Number	Vehicle Year	Vehicle Make	Vehicle Model

Fleet List Example