



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

CREDENTIAL RETURN RECEIPT

Carrier Number _____ Date _____

Carrier Name _____ Phone _____

Address _____ City, State, Zip _____

The following credentials have been returned to _____ Branch Location _____

Credential Return Information

Plates and Cab Cards Returned [quantity of plates and cab cards returned – include plate numbers]:

Longer Combination Vehicle (LCV) Permits Returned [quantity and permit number(s) returned]:

(Use additional sheets if necessary.)

Lost or Stolen Credential Information

If your license plate, cab card, or Longer Combination Vehicle (LCV) Permit was lost or stolen, please provide information detailing when and how the loss occurred:

(Use additional sheets if necessary.)

Note: If you are missing any license plates, you must attach a Lost, Stolen, or Mutilated License Plate Affidavit (form VP-202.) [Trailers are issued one (1) plate. All other vehicles are issued two (2) plates.]

If you are returning or relinquishing your credentials, please check all the reasons below that apply:
[] Vehicle Sold [] Vehicle Out of Service [] Refund [] Closing account [] Other _____

If you are closing your account, please remit a tax return for any time operated during a quarter to the above address. Tax return quarters are January – March, April – June, July – September, and October – December. Blank tax returns are available from the Motor Carrier Section or online at the above address. (If required, refunds will not be issued until a tax return is submitted.)

Customer's PRINTED Name _____

Customer's Signature _____ Date _____

Authorized DMV Employee's PRINTED Name _____ Employee/Tech ID _____

Authorized DMV Employee's Signature _____ Date _____