



MOTOR CARRIER DIVISON
555 WRIGHT WAY
CARSON CITY, NV 89711
Ph: 775-684-4711, ext. 2
Fax: 775-684-4619
www.dmvnv.com

RENEWAL APPLICATION FOR MOTOR AND SPECIAL FUEL SUPPLIER LICENSING
(As Required by NRS 365.304 and NRS 366.260)

This renewal is effective for the period of January 1, 2019 through December 31, 2019 and must be submitted to the Department of Motor Vehicles by December 1, 2018 to ensure your license remains active and to avoid any late renewal fees.

Name and account number as shown on License:

Has any person or business listed on the application ever had an ownership interest in a company or been an officer or director of a company that had a motor fuel or special fuel license cancelled, suspended, or revoked in another jurisdiction within the past 12 months?
{ } Yes { } No (Please Note: If your business activities have changed, please contact the Department immediately.)

If yes, indicate the jurisdiction(s) and the reason(s) for the cancellation, suspension or revocation:

If incorporated, you must attach a copy of your current officer list from the Nevada Secretary of State office in order to process your renewal. A \$115 fee will be required to be submitted along with your license application, plus a \$1 technology fee, payable to the Motor Carrier Division.

Indicate the type of license: { } Supplier/Distributor- All Fuel Types { } Special Fuel Dealer { } Exporter { } Transporter

Part 1, IDENTIFYING INFORMATION:

- 1. Current Ownership type:
2. Applicant's name, if a corporation or partnership must match the name as shown on your Corporate Documents or Partnership Agreement:
3. DBA or Trade Name, if different:
4. Current Business Physical Location:
5. Federal Employer Identification Number or Social Security Number:
6. Current Mailing Address for correspondence (if different from #4 above):
7. Other Mailing Address, specify purpose:
8. Location of Records (if different from #4 above):
9. Current Licensing Contact:
10. Current Tax Return Contact:
11. Authorized Signature (Please print Name and Title and affix signature and Date below):

For Office Use Only

Table with 4 columns: Date received, Date Issued, Initials, Account Number