



Motor Carrier Division
555 Wright Way
Carson City, NV 89711 – 0600
(775) 684-4711

REQUEST FOR WAIVER OF INTEREST FORM

Complete and sign this form to request a waiver of interest on your Nevada Special Fuel Tax account. When completed, this form may be mailed or faxed to the Nevada Motor Carrier Division.

I, _____, do hereby request a waiver from the interest assessed on my Nevada Special Fuel Tax account. My request is made pursuant to NRS 360A.070*. I understand that pursuant to NAC 360A.160, the Nevada Motor Carrier Division may require additional information from myself in order to grant the requested waiver.

Motor Carrier Account Name: _____

Motor Carrier Account Number: _____

Title of Person Requesting Waiver: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

*Please attach any additional information that will support the circumstances that have occurred that may have lead to the delinquency and the request for the waiver of interest.

CRITERIA FOR WAIVERS: A carrier must not be considered habitually delinquent as defined by NAC 366.005(6); a carrier’s records for the year prior to the request will be reviewed by the Motor Carrier Division; all requests for waivers must be made within 30 days of notification of the delinquency and all other accounts a carrier has with the Motor Carrier Division must be in good standing with the Division.

Printed Name

Signature

Date

FOR OFFICE USE ONLY

Date request received: _____

Date request processed: _____

Processed by: _____

Waiver Granted: _____