



VEHICLE REGISTRATION PROGRAM APPLICATION FOR PARTICIPATION

Emission Station Dealer

Business Name Business License No.

DBA Name FEIN

Mailing Address Street City State Zip

Physical Address Street City State Zip

Email Address

Business Phone No. Other Business Phone No.

Principal's Name(s)

Please list all employees of this business that will be processing registration transactions. If the employee holds an occupational license, please list their department assigned occupational license number.

Table with 2 columns: Name, Occupational License No. (4 empty rows)

Do you currently hold any other business or occupational license issued by the Nevada Department of Motor Vehicles?

Yes No If Yes, please provide the license number

Has any person listed on this application ever had a business or occupational license revoked, canceled, suspended, or denied?

Yes No If Yes, please provide the following information:

Business Name

County and State Licensed County State

Date revoked, canceled, suspended, or denied

Has any administrative action ever been taken against the owner(s) of this business by the Department of Motor Vehicles?

Yes No

If Yes, please provide the cause for action and the date the action was taken.

Emission Station Only:

Has any principal of this business ever been convicted of felony Deceptive Trade Practices or felony Embezzlement?

Yes

No

If Yes, please provide the following information:

Full Name _____

Charge _____ Date of Conviction _____

State _____ County _____

If more space is needed, please use additional sheets.

Dealer Only:

Has any employee of this business ever been convicted or pleaded nolo contendere to a felony or gross misdemeanor or a misdemeanor in violation of the provision of NRS 482 and NAC 482?

Yes

No

If Yes, please provide the following information:

Full Name _____

Charge _____ Date of Conviction _____

State _____ County _____

If more space is needed, please use additional sheets.

CERTIFICATE OF APPLICANT FOR PROGRAM LICENSING

Please initial next to each statement as acknowledgment that you have read and agree to all requirements of this program.

_____ I agree to maintain a secure place of business with storage for secure supplies to restrict unauthorized access.

_____ I agree to comply with all requirements set forth in Nevada Revised Statutes and Nevada Administrative Code pertaining to the program.

VERIFICATION

I, (we), the undersigned hereby certify that under penalty of perjury, that I (we) am the applicant making the foregoing application, and that the application has been read and the contents thereof and all statements contained herein are true, correct and complete to the best of my knowledge and belief.

Signed _____

Date _____

State of Nevada County of _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public or Authorized Nevada DMV Representative

(Notary Seal)

Application Accepted By: _____ Reviewed By: _____ Approved: Yes No

Reason for Denial: _____