



555 WRIGHT WAY
CARSON CITY, NV 89711-0700
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
Fax (775) 684-4797
www.dmvnv.com

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION AND/OR
SUBSTITUTE DECAL
NRS 482.500

There is a \$6 fee for the duplicate certificate of registration or a substitute decal, which includes a Technology fee. You must request the document(s); duplicate certificate of registration and/or substitute decal. When requesting a substitute decal you will also receive a new certificate of registration with the new decal number. A substitute decal will not be provided when only requesting a duplicate certificate of registration. You must provide the department with your current Nevada evidence of insurance. When submitting this request through the mail, please include a photocopy of your evidence of insurance, originals will not be returned.

Please Print or Type

Select document(s) you are applying for: [ ] Duplicate Certificate of Registration [ ] Substitute Decal

Vehicle Identification Number

Grid of 17 boxes for Vehicle Identification Number

Nevada License Plate Number \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_ Year \_\_\_\_\_

Registered Owner/ Lessee Name The document will be mailed to the address on file with DMV. If your address has changed, please complete the Address Change form DMV022. If more than one owner, complete and attach an additional Duplicate Registration/Decal forms.

Full Legal Name \_\_\_\_\_
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN
for businesses \_\_\_\_\_

Physical Address \_\_\_\_\_
Address City State Zip Code

Mailing Address \_\_\_\_\_
Address City State Zip Code

Telephone No \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

LIMITED POWER OF ATTORNEY

To be completed by the registered owner of record ONLY when allowing another to apply for a duplicate certificate of registration or substitute decal on behalf of the registered owner.

Known All Men By These Presents:

That the Undersigned \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_,
being the registered owner of the above-described motor vehicle does hereby make, constitute and appoint \_\_\_\_\_

\_\_\_\_\_ of the county of \_\_\_\_\_, State of \_\_\_\_\_, true and lawful attorney in fact to sign in the name,
place and stead of the undersigned, for a Duplicate Certificate of Registration and/or Substitute Decal issued by the Department of
Motor Vehicles of the State of Nevada.

In Testimony Whereof, the undersigned has hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

Date

Notary Public or Authorized Nevada DMV Representative



Please remit \$6.00 for each Registration Certificate. If ordering by mail, you may also remit a check or money order.

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PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)
[Grid of boxes for card number]

Payment Type: [ ] Master Card [ ] Visa [ ] Discover Card
Expiration Date: [ ] [ ] / [ ] [ ]
Month Year

Cardholder Information

Printed Name \_\_\_\_\_ Payment Amount \_\_\_\_\_
Print your name as it appears on your card
Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types.

Mailing Address \_\_\_\_\_
Street / P.O. Box City State Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC
Number of the transaction being processed. \_\_\_\_\_ Telephone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

ADM-205 (Rev. 3/2019)

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Office Use Only
Super Tran ID \_\_\_\_\_ Last four of Card Number \_\_\_\_\_ Technician Number \_\_\_\_\_