



MOTOR CARRIER DIVISION  
 555 Wright Way  
 Carson City, NV 89711  
 (775) 684-4711  
 mctlc@dmv.nv.gov  
[dmv.nv.gov](http://dmv.nv.gov)

**REPLACEMENT IFTA LICENSE/DECAL FORM**  
**NRS 485.265**

Account Number: \_\_\_\_\_ FEIN: 

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Account Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify under penalty of **NRS 366.720**,  
Printed Name

that Nevada IFTA License and/or Decal number(s) \_\_\_\_\_  
License/Decal Number

has been lost, stolen, or destroyed and I am requesting a replacement license and/or decal(s).

I understand in the event the original or replacement license or decal is misused or illegally copied, my operating privileges may be suspended, and I may forfeit the privilege of receiving replacement IFTA license or decals in the future. Failure to comply with provisions set forth by the IFTA Articles of Agreement shall be grounds for revocation by authority in Nevada. I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
 Registered Owner's Signature Date

*For Office Use Only*

New License and/or Decal Number(s): \_\_\_\_\_

\_\_\_\_\_  
 DMV Employee's Printed Name DMV Employee's Signature Date