555 Wright Way
Carson City, NV 89711
Reno/Carson City (775) 684-4DMV (4368)
Las Vegas (702) 486-4DMV (4368)
dmv.nv.gov

# Registration Services Transaction Request

Complete one transaction request for each vehicle. If more than one vehicle is requested for a client a transaction request must be submitted for each vehicle. **This form must be legible and completed in its entirety.**

Business Name: _____ Reg Service Number: _____

Authorized Representative: _____ Phone # _____
Printed Name

**Requesting** (check transaction(s)) ☐ Title ☐ Registration ☐ Temp Movement Permit ☐ COA ☐ Other _____

**Owner information** (if more than two owners, complete and attach an additional Registration Services Transaction Request form)

Owner's Full Legal Name: _____ ☐ and ☐ or
First Middle Last

NV Driver's License, Identification, DAC Number **and** Date of Birth _____
**(D.O.B. only needed if never issued NV DL,ID, or DAC)**

FEIN # Fleet Insurance only: _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Owner's Full Legal Name: _____
First Middle Last

NV Driver's License, Identification, DAC Number **and** Date of Birth _____
**(D.O.B. only needed if never issued NV DL,ID, or DAC)**

FEIN # Fleet Insurance only: _____

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

**Customer's Telephone Number** _____ **Customer's Email (optional)** _____

**Vehicle Information: Vehicle Identification Number** **Payment Submitted** ☐**Cash** ☐**Check** ☐**Credit Card** ☐**ACH**

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Year _____ Body Type _____ Model _____ Make _____
Fuel _____ Unladen Weight (Trailer) _____ Length _____ County based in _____
Axles _____ Declared Gross Weight (Truck) _____ **Odometer (required)** _____

Title and Registration Documents submitted (check all that apply)

☐ Title or MSO ☐ Purchase Order ☐ Lease Agreement ☐ NV Renewal card ☐ Emission Certificate
☐ Bill of Sale ☐ EDRS or Lien Sale ☐ VIN Inspection ☐ NV Insurance card ☐ Exemption # _____
☐ Erasure Affidavit ☐ Nevada LIVE ☐ Other _____ ☐ Application for Registration (VP-222)
☐ Out of State Registration (State and License Plate #) _____ ☐ Personalized Plate application
☐ **Temporary Movement Permit requested for** _____ **days for (reason)** _____.
(Ownership documents must be marked in the Title and Registration Documents section.)

**License Plate Information – must be provided if available**
**Note: Use any/all credit (linked to customer) available in system at the time of processing registration** ☐ Yes ☐ No
☐ Transferring Plate ☐ Surrendering Plate # _____ **If box is not marked – refund will not be processed.**
☐ New Plate ☐ Specialty Plate Type _____ Trailer Plate ☐ Small ☐ Large Trailer Registration ☐ 1yr ☐ 3 yrs

**DMV use only:** Tech ID: _____ Payment Type ☐ Cash ☐ Check ☐ Credit Card ☐ ACH
Completed Transaction(s)
☐ Title ☐ Registration ☐ Renewal ☐ Plate Order ☐ Permit ☐ NV LIVE ☐ Other _____
Rejection Reason _____

Any erasures or Alterations will VOID this application. Form must be original.
Photocopies are not acceptable. Changes may not be made to this form once completed.

Clear Form