



## APPLICATION FOR NON-RESIDENT BUSINESS PERMIT NRS 485 445 & 482

**Please select one:**

New Permit Issuance                       Renewal of Permit                       Reprint of Decal

**PLEASE PRINT OR TYPE**

Business Name \_\_\_\_\_ FEIN \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Vehicle will be based in \_\_\_\_\_ County.  
(Nevada County)

**Vehicle Information**

Vehicle Identification Number (VIN)

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Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Manufacturer's Gross Vehicle Weight Rating \_\_\_\_\_  
If the manufacturer's GVWR is 26,000 lbs. or greater, contact the Motor Carrier Division for registration requirements (NRS 706).

**Registration Information**

State of Registration \_\_\_\_\_ Expiration Date of Registration \_\_\_\_\_

Name on Registration \_\_\_\_\_

**Insurance Information**

NAIC/Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Emission Information**

Certificate Number \_\_\_\_\_ State \_\_\_\_\_ Station Number \_\_\_\_\_

The issuance of this decal allows the operation of this vehicle on Nevada roadways in conjunction with a valid registration and insurance from another state, country, or place of which the owner is a resident.

Per **NRS 482.3961**, a fee of \$200.00 will be charged for the first vehicle and \$150.00 for each additional vehicle in which an owner obtains a permit and this decal is non-transferable and expires one year from issuance. If you do not provide a smog certificate from your original state, then **NRS 445B.700** to **445B.815** inclusive will apply and you may be required to get a Nevada emission test.

Trailers are exempt and do not require a decal.

When the decal is received, please follow the instructions, and remove the decal from the back of the document.

**NOTE:** It is a **gross misdemeanor** to use a false or fictitious name or address in this application, knowingly make a false statement, knowingly conceal a material fact, or otherwise commit a fraud in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Registered Owner Title

|   |
|---|
| For Office Use Only:<br>Documents Shown:    Registration <input type="checkbox"/> Insurance Card <input type="checkbox"/> Emission Certificate <input type="checkbox"/> _____<br>Technician's initials & number |
|---|