



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 \$5 fee for the duplicate certificate of registration or a substitute decal. 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

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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 _____ Date _____

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

 Notary Public or Authorized Nevada DMV Representative



Please remit \$5.00 for each Registration Certificate.
If ordering by mail, you may also remit a check
or money order.

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Select ATM/Debit *    Payment Amount \$ _____
Payment Type: Credit Master Card Visa Discover Card

Debit or Credit Card Number (one number per box)
[] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []
Please Print or Type Cardholder Information Expiration Date

Printed Name _____

[] [] / [] []
Month Year

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

Plate / Driver Lic. / Motor Carrier Number _____ Telephone () _____

Authorized Signature _____ Date _____

VP205 (11/11)

*I understand and agree that by checking "ATM/Debit" I am authorizing the DMV to debit my account for the amount specified above. Further, I understand and agree that if the ATM/Debit transaction fails or is declined, I am authorizing the DMV to complete the transaction as a credit card charge, if possible.