



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.)

Full Legal Name _____
 First Middle Last

Nevada Driver's License, Identification Card Number, or FEIN for businesses _____

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
 VP013 (Rev 5/2010)



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 American Express 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 _____

RD205 (05/07)

*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.