NEVADA

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM vp222

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Nevada Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

REQUIRES NEVADA INSPECTION

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM vp136

CLEAR FORM

FAST TRACK

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

APPLICATION FOR VEHICLE REGISTRATION

NRS 482 and 485

Nevada evidence of insurance must be presented to the Department of Motor Vehicles at the time of application for registration. **Trailers are exempt from insurance requirements. All fields must be completed.**

PLEASE PRINT OR TYPE

Vehicle Identification Number

VIN																	

Year _____ Make _____ Model _____

- **Truck or bus**: The declared gross weight (for commercial vehicles, include trailer and load) is _____ lbs.
- **Trailer** (excluding travel trailers): the unladen weight is _____ lbs.
- The vehicle will be based in: _____ County.
- The vehicle's current odometer reading: _____

I hereby apply for registration for the above-described vehicle, and I declare that, while this vehicle is registered in my name or should be registered, I will continuously provide in my name, security as required by **NRS 485.185**, either by a motor vehicle liability insurance policy or by qualifying as a self-insurer in compliance with law. **NOTE: THE VEHICLE MUST BE INSURED BY AN INSURANCE COMPANY LICENSED IN THE STATE OF NEVADA. The statement, "the coverage meets the requirements set forth in NRS.485.185" must be included on the Nevada Evidence of Insurance card.** Out-of-State insurance will not be accepted. Trailers are exempt from insurance requirements.

Reinstatement fees for an insurance lapse range from $250 to $750, and fines ranging from $250 to $1,000 are assessed on a tiered system based on the length of the lapse and the history of previous violation(s). Reinstatement requirements may include a SR-22 and/or a Driver's License Suspension.

In accordance with **NRS Chapters 482 and 485**, if the motor vehicle liability insurance on the above-referenced vehicle lapses for 91 days or more, I understand and agree that I will be required to pay all applicable registration reinstatement fees and fines and I will be required to maintain a Certificate of Financial Responsibility (SR-22 High Risk Insurance) for a period of not less than three years from the registration reinstatement date. Additionally, if there is a third or subsequent lapse of vehicle liability insurance on the above-referenced vehicle, I understand and agree that my driver's license will be suspended for not less than 30 days; I will be required to pay all applicable registration and driver's license reinstatement fees and fines; and I will be required to maintain a Certificate of Financial Responsibility (SR-22) for a period of not less than three years from the registration reinstatement date.

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

Full Legal Name: _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, Fein for Businesses, or Motor Carrier Number: _____

Physical Nevada Address: Address
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Telephone: _____ E-mail: _____

Signature: _____ Date: _____
Registered Owner (or authorized person with POA)

Odometer
Disclosure statement

Year Expiration Date	Make	Model	body style
vehicle identification number		state	
owner(s) name (Printed or typed)			date
address			
odometer reading (no tenths)	I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.	☐ Mileage in excess of its mechanical limits ☐ Mileage reading not actual (warning odometer discrepancy)	
signature of owner(s)		hand Printed name(s) by Purchaser(s)	

completing the odometer disclosure statement

1. All information on the disclosure statement can be typed or computer generated except for the printed names and signatures of the owner(s) of vehicle listed.
2. One purchaser and one seller must sign the form.
3. The owner must state the exact mileage as listed on the odometer at the time of transfer, excluding tenths. If there is a discrepancy in the number of miles shown, one of the mileage blocks must be checked:

   Mileage in Excess of Mechanical Limits — If the actual mileage of the vehicle is 125,000 but only 25,000 is shown on the odometer, the seller must insert 25,000 in the odometer reading area and check the box stating Mileage in Excess of Mechanical Limits.

   Mileage Reading Is Not Actual — If the true mileage is different from the mileage shown on the odometer or the true mileage is unknown, the seller must submit a statement explaining all facts concerning the true mileage versus the mileage shown on the odometer.

In the County of _____, state of _____.

on this _____ day of, _____, 20___, before me, the undersigned Notary Public personally appeared _____, personally known or proved to me through satisfactory evidence of identification, to be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

_____
Notary Signature

_____
Printed name

Commission Number: _____

My Commission expires: _____

Affix seal/stamp as close to signature a possible

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

POWER OF ATTORNEY

Please print or type

KNOW ALL MEN BY THESE PRESENTS

That the undersigned, _____

in the County of _____ State of _____

being the Registered and/or Legal Owner of the following described motor vehicle:

Year _____ Make _____ Model _____

Vehicle Identification Number _____

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, any and all documents, including but not limited to Certificate of Title and/or Vehicle Registration Certificate, issued by the Department of Motor Vehicles of the State of Nevada (NV DMV), or issued by another state to the extent authorized by that state's law and within the scope of the NV DMV's authority to require and/or accept such signed documents, covering the motor vehicle described above, in whatever manner necessary to transfer any Registration Certificate and/or secure, transfer, and/or release any Certificate of Title. Granting and giving unto said Attorney in Fact, full authority and power to do and perform any and all acts authorized hereby, as fully to all intents and purposes as the grantor might, or could do if personally present, with full power of substitution.

Note: This form **may not** be used to disclose the odometer reading of a vehicle.

Full Legal Name _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN for a business _____

Physical Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

State of Nevada, County of _____

Subscribed and sworn to before on _____ by _____
Date Signature of person granting power of attorney

_____
Notary Public **or** Authorized Nevada DMV Representative Signature

Notary Stamp

Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed and witnessed.

Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION