



STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY
DEPARTMENT OF MOTOR VEHICLES

SECTION 3 – OTHER
MUST BE COMPLETED AND ATTESTED TO CRITERIA AS OUTLINED IN

Criteria as outlined in NAC 484.285(2); (3)

Declaration: I hereby certify that the motor vehicle(s) referenced above is operated exclusively as outlined in NAC 484.285(2):

- Ambulance***
- Hearse ***

*A copy of the permit issued pursuant to NRS 450B.200 or NRS 450B.210 must be attached.

Or operated for the exclusive use for surveillance, transportation of canines or for undercover or forensic purposes as outlined in NAC 484.285(3) by:

- Federal Law Enforcement**
- State Law Enforcement**
- Local Law Enforcement**

Applicants Signature

Date

Applicant's Printed Name

**AGENCY/BUSINESS
NAME:** _____

**MAILING
ADDRESS:** _____
Street/Road City State Zip Code

PHONE: _____ **DRIVER'S LICENSE #** _____

The following is an application for exemption from standards outlined in NRS 484.6195; NAC 484.280; and NAC 484.285.