



Occupational and Business Licensing
555 Wright Way
Carson City, NV 89711
(775) 684-4690
www.dmvnv.com

DEPOSIT RELEASE APPLICATION

Pursuant to Nevada Revised Statutes

Business License No. _____

Business Name _____

Mailing Address _____
Street City State Zip

Bank _____

Address _____
Street City State Zip

Certificate No. _____ Amount \$ _____

Reason for Release _____

Signed _____ Date _____

Subscribed and sworn before me this _____ day of _____, _____

Notary Public or Authorized Nevada DMV Representative



FOR DEPARTMENT USE ONLY

Approved by _____ Date _____

Release Date _____ Signature _____