



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

**LICENSEE / REGISTRANT ACKNOWLEDGEMENT**

Please print or type

I \_\_\_\_\_ having made application with the Department of Motor  
 Name (please print)

Vehicles, for a business or occupational license, acknowledge that I have been provided with the Department website address and directions on how to access the Nevada Revised Statute and Nevada Administrative Code pertaining to the license/registration for which I am applying and have been encouraged to review those laws and rules, since they affect the manner in which my business is conducted.

NRS/NAC Chapter 445B	NRS/NAC Chapter 482	NRS/NAC Chapter 483	NRS/NAC Chapters 487 & 597 (Body Shop & Garage only)
Station and Inspector licensing.	Broker, Dealer, Distributor, Long Term Lessor, Manufacturer, Rebuilder, Salesman, Short Term Lessor and Transporter licensing.	Instructor and School licensing.	Body Shop, Garage, Salvage Pool and Wrecker licensing.

**DMV WEBSITE**  
[www.dmvnv.com](http://www.dmvnv.com)

Select Business link for specific type of license.

**NRS/NAC WEBSITE**  
[www.leg.state.nv.us](http://www.leg.state.nv.us)

Select the appropriate NRS Chapter Link from this website.

Name \_\_\_\_\_ License No. \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct. I agree to comply with all NRS/NAC requirements applicable to the license that I am applying for.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 DMV Representative's Signature

\_\_\_\_\_  
 Date