



APPLICATION FOR PARTICIPATION & MEMORANDUM OF UNDERSTANDING

NRS 445B.705

Business Name _____ FEIN _____

Station Name _____ License No. _____

Physical Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Email Address _____

Business Phone No (____) ____ - ____ Other Business Phone Number. (____) ____ - ____

Fax Number (____) ____ - ____ Internet Service Provider _____

Principals Name(s) _____

Station Contact Name _____

1. New application Yes No
 If Yes, list all employees to receive manager access below.

2. Update to existing emission station Yes No
 If Yes, list additional new managers, and list managers to be deleted ONLY.

The below listed Principal, Manager or Inspector is being granted access to the Vehicle Information Database (VID) only.

Principal, Manager or Inspector Name	Station License Number	Date of Birth	Nevada Drivers License Number	Inspector License Number (if applicable)	Nevada Resident, Yes/No	Add or Delete Manager



CUSTOMER RESPONSIBILITIES

- Should any unauthorized user obtain access to the designated analyzer(s), customer must notify their local DMV Emissions Lab immediately. Until such notification is made, customer understands and agrees that they (customer) will continue to be responsible for any transactions incurred on the analyzer(s).
- User understands and agrees to be responsible for any access code or password associated with the access into the Vehicle Information Database (VID). The user's access codes and passwords should not be shared and must be kept secure. Nevada DMV will not be liable for any charges fraudulently incurred on the analyzer(s). The customer is responsible for all transaction charges.

CERTIFICATE OF APPLICANT FOR PROGRAM PARTICIPATION

Please initial next to each statement as acknowledgment that you have read and agree to all requirements of this program.

- _____ I have read this form and believe all the information is true and correct. By submitting this signed form, I acknowledge and accept that the customer responsibilities are made apart of this application and am in agreement with said terms.
- _____ I further acknowledge and accept the terms with control of the application including the responsibility to pay all costs incurred from the analyzer(s), and from the CARRS Application.

VERIFICATION

I, (we), the undersigned hereby certify that under penalty of perjury, that I (we) am/are the applicant making the foregoing application, and that the application has been read and the contents thereof and all statements contained herein are true, correct and complete to the best of my knowledge and belief.

Signed _____ Date _____

Subscribed and sworn before me this _____ day

of _____, 20_____

Application Accepted By: _____
Reviewed By: _____
Approved: ____ Yes ____ No
Reason for Denial _____

 Notary Public or Authorized Nevada DMV Representative