



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
www.dmvnv.com

VEHICLE APPLICATION: SCHEDULE B

LICENSE YEAR _____

ACCOUNT # _____ FLEET # _____
 FULL LEGAL NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____

Check here for address change

All fields below must be completed. Please write "N/A" for fields that do not apply:

TRANS CODE (1)	VEHICLE (7)	FUEL (8)
A-ADD	TR-TRACTOR	D-DIESEL
C-CHANGE	TK-TRUCK (SINGLE)	G-GAS
D-DELETE	BS-BUS	P-PROPANE
R-REFUND	ST-SEMI TRAILER	O-OTHER
T-TRANSFER	FT-FULL TRAILER	

OFFICE USE ONLY
NO. OF REG. MOS.
SUPP. NO.
DATE
INITIALS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
TRANS CODE	NEVADA COUNTY	PLATE #	OPERATOR'S VEHICLE #/ UNIT #	YEAR AND MAKE	SERIAL OR VIN #	VEHICLE TYPE	FUEL TYPE	#OF AXLES/ SEATS	UNLADEN WEIGHT	COMBINED DECLARED GROSS WEIGHT	ACTUAL PURCHASE PRICE	ORIGINAL PURCHASE PRICE OR FACTORY PRICE	PURCHASE DATE	LEASE DATE	LESSOR	STATE TITLED

NUMBER OF IFTA DECALS IF REQUIRED? _____ IF MORE THAN THE VEHICLES LISTED ABOVE PLEASE EXPLAIN _____

UNDER PENALTIES OF PERJURY, THE APPLICANT DECLARES THAT THE INFORMATION GIVEN IS TO THE BEST OF THE APPLICANT'S KNOWLEDGE TRUE, ACCURATE AND COMPLETE. THE APPLICANT AGREES TO COMPLY WITH REPORTING, PAYMENT, RECORD KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT AND THE NEVADA REVISED STATUTES. THE APPLICANT FURTHER AGREES THAT THE MOTOR CARRIER DIVISION MAY WITHHOLD ANY REFUNDS DUE IF THE APPLICANT IS DELINQUENT ON PAYMENT OF ANY FEES DUE THE DEPARTMENT OR FUEL TAXES DUE TO ANY MEMBER JURISDICTIONS. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF LICENSE IN NEVADA AND ALL MEMBER JURISDICTIONS. THE APPLICANT AGREES TO COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

Full Legal Name _____ Signature _____ Title _____ Date _____ Telephone # () _____

"APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU"