



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

LONGER COMBINATION VEHICLE (LCV) PERMIT
REPLACEMENT FORM

Carrier No. \_\_\_\_\_ Date \_\_\_\_\_
Carrier Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_
City, State, Zip \_\_\_\_\_ FEIN \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that Nevada
Printed Name
LCV Permit Number \_\_\_\_\_ has been lost
Permit Number
or destroyed, and I am requesting a replacement permit.

Under penalties of perjury the applicant declares that the information provided on this form is true accurate and complete. The applicant understands that in the event the original or replacement permit is misused or illegally copied the applicant may forfeit the privilege of purchasing replacement permits in the future. Additionally the applicant's operating privileges may be suspended and failure to comply with these provisions shall be grounds for revocation of authority in Nevada.

Registered Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_
State of \_\_\_\_\_
County of \_\_\_\_\_ } SS

SUBSCRIBED AND SWORN to before me on:
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public

Note: Only a signed and notarized original Longer Combination Vehicle (LCV) Permit Replacement Form is deemed acceptable by the Department of Motor Vehicles. Photocopies and fax copies will not be accepted.

For Office Use Only

New LCV Permit Number \_\_\_\_\_

DMV Employee's Printed Name DMV Employee's Signature Date