



Motor Carrier Division
555 Wright Way
Carson City, NV 89711-0600
(775) 684-4711
www.dmtv.com

REPLACEMENT IFTA LICENSE/DECAL FORM

NRS 366.265

ACCOUNT NO. FEIN

ACCOUNT NAME

MAILING ADDRESS (Street) (City) (State) (Zip)

PHYSICAL ADDRESS (Street) (City) (State) (Zip)

PHONE FAX EMAIL

I, (Printed Name) do hereby certify under penalty of

NRS 366.720, that Nevada IFTA License and/or Decal number(s) (License/Decal Number)

has been lost, stolen or destroyed and I am requesting a replacement license and/or decal(s).

PLEASE NOTE: There is a \$26 fee for the duplicate License which includes a Technology fee.

I understand in the event the original or replacement license or decal is misused or illegally copied, my operating privileges may be suspended and I may forfeit the privilege of receiving replacement IFTA license or decals in the future. Failure to comply with provisions set forth by the IFTA Articles of Agreement shall be grounds for revocation by authority in Nevada. I declare under penalty of perjury that the foregoing is true and correct.

Registered Owner's Signature Date

For Office Use Only

New License and/or Decal Number(s)

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