



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

REPLACEMENT IFTA LICENSE/DECAL FORM

NRS 366.265

CARRIER NO. FEIN

CARRIER 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).

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. Signatures must be original. Photocopies are not acceptable.

Registered Owner's Signature

Date

State of Nevada County of

Subscribed and sworn to before me this

Day of, 20 by

Notary Public or Authorized Nevada DMV Representative

Notary Seal

NOTE: Only an original Replacement IFTA License/Decal Form signed and notarized or signed by a Nevada DMV Representative is deemed acceptable by the Nevada Department of Motor Vehicles.

For Office Use Only

New License and/or Decal Number(s)

DMV Employee's Printed Name

DMV Employee's Signature

Date