



DEPOSIT RELEASE APPLICATION
Pursuant to Nevada Revised Statutes

Individual/Corporate Name: _____ DMV Business License # _____

DBA Name: _____ Phone Number _____
(If applicable)

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Type of Deposit:

[] Cash [] Savings/Time Certificate No. _____ [] Other _____

Amount of Deposit: \$ _____

Bank Name _____

Address _____

Reason for Release _____

Principal's Printed Name _____

Principal's Signature _____ Date _____

State of Nevada

County of _____

Subscribed and sworn before me this _____ day of _____, _____ by

Notary Public or Authorized Nevada DMV Representative (Notary Seal)

FOR DEPARTMENT USE ONLY

Authorized DMV Representative's Signature Date [] Approved [] Denied

Supervisor/Manager's Signature Date [] Approved [] Denied

Administrator's Signature (if applicable) Date [] Approved [] Denied

Reason for Denial: _____