



APPLICATION FOR DUPLICATE OFF-HIGHWAY VEHICLE REGISTRATION DECAL

NRS 490.082 and 490.105

- There is a \$6 fee for a duplicate registration decal which includes a Technology fee.
- Make check or money order payable to the Department of Motor Vehicles. **Do not send cash.**
- If paying by credit or debit card, please use form OHV-013, Payment Authorization.
- All forms and fees must be mailed to the DMV at the address above, or taken to a licensed Nevada off-highway vehicle dealer.
- Off-highway vehicle transactions will be processed by the off-highway vehicle Section by mail or online at www.ohv.nv.gov. **Off-highway vehicle transactions cannot be completed at DMV offices.**

Please Type or Print Using Blue or Black Ink

OHV Registration

Large All-Terrain Vehicle Registration **(Form OHV-031, Large ATV Insurance Declaration must also be completed and submitted)** "Large all-terrain vehicle" means any all-terrain vehicle that includes seating capacity for at least two people abreast **and**: 1. Total seating capacity for at least four people; **or** 2. A truck bed. Large OHV Registration requires insurance that meets requirements of [NRS 485.185](http://NRS.485.185).

Vehicle Identification Number:

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Year: _____ Make: _____ Model: _____ Date: _____

OHV Type: Motorcycle Snowmobile All Terrain Vehicle Side by Side Dune Buggy

Other (Please Explain) _____

Decal Expiration Date: _____ Decal Number: _____

Fees due:	Duplicate Decal Fee	\$	5
	Technology Fee	\$	1
	Total Fees Due	\$	6

Registered Owner Name. The decal will be mailed to the address on file with DMV. **If your address has changed, please note previous and new addresses below.**

Full Legal Name: _____
As it appears on the Nevada Driver's License or Identification Card, or Business Name

Nevada Driver's License Number or Identification Card Number or FEIN for a Business: _____

Date of Birth: _____ Phone Number: _____ E-Mail (Optional): _____

Physical Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

If at a new address, please note previous address below.

Previous Physical Address: _____
Address City State Zip Code

Previous Mailing Address: _____
Address City State Zip Code

Applicants Signature: _____ Date: _____