ATTN: OHV SECTION
555 Wright Way
Carson City, NV 89711
Phone (775) 684-4381
Fax (775) 684-4369
www.nvohv.com

APPLICATION FOR OFF-HIGHWAY VEHICLE REGISTRATION RENEWAL

NRS 490.082 and 490.105

- There is a $21 fee to renew the registration of an off-highway vehicle (OHV) which includes a Technology fee.
- If this application is postmarked after the registration decal expiration date, a $25 late fee must be included.
- 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, Off-Highway Vehicle Payment Authorization.
- OHV transactions will be processed by the OHV Section by mail or online at www.nvohv.com. Your decal will be mailed to you. **OHV transactions cannot be completed at Department of Motor Vehicles (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.

Vehicle Identification Number:

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:			
	Registration Renewal Fee:	$20	$ 20
	Technology Fee:	$1	$ 1
	Late Fee:	$25	$ _____
		Total Fees Due	**$** _____

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: _____