



ATTN: OHV SECTION

555 Wright Way
Carson City, NV 89711
Phone (775) 684-4381
Fax (775) 684-4369
www.ohv.nv.gov

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 \$10 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.
- The OHV Section will process OHV transactions by mail or online at www.ohv.nv.gov. 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](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:	Registration Renewal Fee:	\$20	\$ <u> 20</u>
	Technology Fee:	\$1	\$ <u> 1</u>
	Late Fee:	\$10	\$ <u> </u>
	Total Fees Due		\$ <u> </u>

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: _____