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UN-RECOVERED VEHICLE TITLE REQUEST FORM

This form is used to supply the Department of Motor Vehicles with vehicle specific information when requesting a title for an un-recovered stolen vehicle.

Complete this form and submit it along with the required documents being submitted for a Certificate of Title.

The Business or Applicant is stating the vehicle described below is an "un-recovered stolen vehicle" and will indemnify and hold harmless the State of Nevada on account of the issuance of a Certificate of Title for said vehicle.

Please Print or Type

This vehicle was reported stolen by _____

on (date) _____.

Vehicle Identification Number (VIN) _____

Year _____ Make _____ Model _____

Business Name (if applicable) _____

Business Representative or Applicant's Full Legal Name:

First Middle Last
Nevada Driver's License, Identification Card
Number, Date of Birth, or FEIN (Business only) _____

Physical Address _____
City State Zip Code

Mailing Address _____
City State Zip Code

Signature of Business Representative or Applicant:

_____ Date _____