

Compliance Enforcement Division Emission Control Program 555 Wright Way Carson City, Nevada 89711-0250 Reno/Sparks (775) 684-3580 Las Vegas (702) 486-4981 dmvnv.com

APPLICATION FOR SERVICE PROVIDER PARTICIPATION IN THE CONTINUOUS MONITORING OF MOTOR VEHICLES

NRS 445B.767

Dat	e:	<u> </u>			
	usiness requesting to becom owing items with this comple		nitoring Service Provider mus	st submit the	
•	One OBD-II device, at no charge, to the Department of Motor Vehicles for certification purposes.				
•	Continuous Monitoring Device Certification, Form EC-040, certified by the Environmental Scientist with the Department of Motor Vehicles.				
•	Proof of an active Federal Employee Identification Number (FEIN) in the name of the business requesting participation in Continuous Monitoring of Motor Vehicles.				
•	Service Provider Agreement for Participation in the Continuous Monitoring of Motor Vehicles, Form EC-043.				
•	A photo copy of the driver's license of the Principal of the business.				
Info Bus	from Principal). litional Continuous Monitorir rmational Document for Cer	ng information is ava tified Service Provic ess Information mu	st include the Business Nam	onitoring	
Bus	siness Name:		Telephone Number:		
Bus	siness Physical Address:				
Bus	siness Mailing Address:	City	State	Zip Code	
Fed	leral Employee Identification	City Number (FEIN):	State	Zip Code	
State of Incorporation:			Date of Incorporation:		
	ncipal Information: Princi Iress, Mailing Address, Tele		st include the Principal Nam Email Address.	ne, Physical	
Prin	ncipal Name:		Telephone Number:		
Prin	ncipal Physical Address:				
	ncipal Physical Address:	City	State	Zip Code	

EC-041 (Revision: 01/2020 Page 1 of 2



Compliance Enforcement Division Emission Control Program 555 Wright Way Carson City, Nevada 89711-0250 Reno/Sparks (775) 684-3580 Las Vegas (702) 486-4981 dmvnv.com

Principal Mailing Address: ______ State Zip Code Principal Email Address: Service Provider Contact Information: If Contact Information differs from Principal Information, the Contact Information must include a contact Name, Physical Address, Mailing Address, Telephone Number and Email Address. Association with Business: Contact Physical Address: City State Zip Code Contact Mailing Address: Citv State Zip Code Contact Email Address: **Equipment Information:** Please enter the OBD-II device and wire harness information below. Device Manufacturer: _____ Model Number: ____ Wire Harness P/N: Signature of Business Principal

EC-041 (Revision: 01/2020) Page 2 of 2