



**APPLICATION FOR FLEET PARTICIPATION IN
THE CONTINUOUS MONITORING OF MOTOR VEHICLES**

[NRS 445B.767](#)

Date: _____

A business requesting to become a Continuous Monitoring Fleet Participant must submit the following documentation with this completed application to the Certified Service Provider:

- Fleet Agreement for Participation in the Continuous Monitoring of Motor Vehicles, Form EC-044.
- A photocopy of the driver's license of the Principal of the business.
- A photocopy of the driver's license of the Contact for the business (If Contact differs from Principal).

Additional Continuous Monitoring Fleet Participant information is available on the Continuous Monitoring Informational Document for Fleet Participants, Form EC-049.

Fleet Participant Business Information: Business Information must include the Business Name, Physical Address, Mailing Address, Telephone Number, Email Address, Fleet Number and Name of Certified Service Provider.

Name: _____ Telephone Number: _____

Physical Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Email Address: _____

Fleet Number: _____

Name of Certified Service Provider: _____

Fleet Participant Contact Information: If Fleet Participant Contact Information differs from Principal Information, the Fleet Participant Contact Information section must be completed in full.

Contact Name: _____ Telephone Number: _____

Association with Business: _____

Contact Physical Address: _____
City State Zip Code

Contact Mailing Address: _____
City State Zip Code

Contact Email Address: _____



Emission Inspection Fee:

Fleet Participants will be required to pay a \$7.00 Emission Inspection Fee prior to renewal of vehicle registration.

Vehicles to be Enrolled: A list of Fleet Vehicles to be enrolled for participation in this program must be provided to the Department in Excel format and include the following vehicle information (see example below):

1. Vehicle Identification Number (VIN)
2. Nevada License Plate Number
3. Vehicle Year
4. Vehicle Make
5. Vehicle Model

Signature of Fleet Participant

Date

BUSINESS NAME: _____ FLEET #: _____				
Vehicle Identification Number (VIN)	Nevada License Plate Number	Vehicle Year	Vehicle Make	Vehicle Model