



MOTOR CARRIER DIVISION
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www.dmvnv.com

SUPPLEMENTAL GOVERNMENTAL SERVICES TAX
AFFIDAVIT

Nevada Carrier Number

I _____, declare that the vehicle(s) described below is/are to
be operated

(Please check appropriate box)

- [] Interstate or Intercounty
[] Intracounty in County _____

For Office Use Only

{I1/N2}
{N1}

Vehicle Information:

Table with 3 columns: Year, Make, Identification Number. Contains 4 rows of blank fields for vehicle information.

I swear under penalty of perjury that the above statements are true and correct.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public or Authorized DMV Employee