



Occupational and Business Licensing
555 Wright Way
Carson City, NV 89711
(775) 684-4690
www.dmvnv.com

LETTER OF AUTHORIZATION

Please print or type

Business Name: _____ Business License Number: _____

Address: _____

City State Zip Code: _____

Telephone Number: (_____) _____

Please check appropriate authorization boxes:

- | | | |
|--|---|--|
| <input type="checkbox"/> All Activities | <input type="checkbox"/> Pick Up Licenses | <input type="checkbox"/> Pick Up Plates/Decals |
| <input type="checkbox"/> Pick Up Supplies | <input type="checkbox"/> Pick Up Titles | <input type="checkbox"/> Sign Forms |
| <input type="checkbox"/> Sign Renewal Form | <input type="checkbox"/> Sign Titles | |

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

Printed Name of Authorized Agent Signature

The listed Agent(s) is no longer authorized to represent my business:

Printed Name of Agent Printed Name of Agent Printed Name of Agent

Printed Name of Agent Printed Name of Agent Printed Name of Agent

I hereby authorize the changes as indicated above for my business with the Nevada Department of Motor Vehicles.

Printed Name of Principal

Signature of Principal Date

To protect your business, notify the Department immediately of any changes to the above information.