



555 WRIGHT WAY
 CARSON CITY, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada or Out of State (877) 368-7828
 Fax (775) 684-4797
www.dmvnv.com

APPLICATION FOR DUPLICATE REGISTRATION CERTIFICATE / SUB DECAL

Required Fee - \$5.00 (NRS 482.500)

VEHICLE INFORMATION

Please Print or Type

Vehicle Identification Number

Nevada License Plate Number _____ Registration Expiration Date _____

Make _____ Model _____ Body Type _____ Year _____

Registered Owner _____
 First MI Last

Address _____
 City State Zip Code

Applicants Signature _____ Date _____

Please check box if a substitute decal is also needed.

LIMITED POWER OF ATTORNEY

To be completed by the registered owner of record when allowing another to apply for a duplicate registration on behalf of the registered owner

Known All Men By These Presents:

That the Undersigned _____ of the County of _____

State of _____, being the **Registered owner** of the above-described motor vehicle does

hereby make, constitute and appoint _____

of the county of _____, State of _____, true and lawful attorney in

fact to sign in the name, place and stead of the undersigned, for a **Duplicate Registration Certificate** issued

by the Department of Motor Vehicles of the State of Nevada.

In Testimony Whereof, the undersigned has hereunto set my hand on this _____ day of _____ 20_____

Signature _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

 Notary Public or Authorized Nevada DMV Representative



Please remit \$5.00 for each Registration Certificate. If ordering by mail, you may also remit a check or money order.

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Select ATM/Debit *    Payment Amount \$ _____
Payment Type: Credit Master Card Visa American Express Discover Card

Debit or Credit Card Number (one number per box)
 - - -
Please Print or Type Cardholder Information Expiration Date

Printed Name _____

/
Month Year

Mailing Address _____
Street / P.O. Box City State Zip Code

Plate / Driver Lic. / Motor Carrier Number _____ Telephone () _____

Authorized Signature _____ Date _____

RD205 (05/07)

*I understand and agree that by checking "ATM/Debit" I am authorizing the DMV to debit my account for the amount specified above. Further, I understand and agree that if the ATM/Debit transaction fails or is declined, I am authorizing the DMV to complete the transaction as a credit card charge, if possible.