



## CERTIFICATE OF INSPECTION/ AFFIDAVIT OF VEHICLE CONSTRUCTION NRS 482.223

Rebuilt Salvage   
  Reconstructed   
  Specially Constructed   
  Manufactured Kit

**A VEHICLE LABELED FOR "OFF-ROAD USE ONLY" MAY NOT BE CONVERTED FOR ON-ROAD USE WITH THE EXCEPTION OF AN OFF HIGHWAY TWO-WHEELED MOTORCYCLE (REFERENCE FORM VP-254).**

### Instructions

- All parts of this form must be completed.
- A Nevada Registered Garage, Licensed Nevada Body Shop or Rebuilder must complete Part I.
- The vehicle owner must complete Part II and verify with a Nevada DMV Agency Representative or Notary Public.
- A Nevada DMV Agency Representative must complete Part III.
- A vehicle intended for "on-road" use by the manufacturer will be labeled stating FMVSS and EPA standards have been met.
- All inspection items must be checked "PASS," indicating the item is in a safe operating condition before this vehicle can be registered and/or titled.
- This form is not used for conversions. Reference Form VP-254 for an Off-Highway Two Wheeled Motorcycle Conversion Form.
- **OWNERSHIP DOCUMENTS MUST ACCOMPANY THIS FORM**

**Important: A new form and inspection must be completed if any inspection items are marked fail, not marked, improperly marked, or if corrections were made to the form.**

### PART I SAFETY INSPECTION

**Must be completed by a Nevada Registered Garage, Licensed Nevada Body Shop or Rebuilder**

**The work performed on the vehicle must meet the standards of the manufacturer for mechanical fitness and safety.**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_

Vehicle Identification Number (VIN)

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**Important: Adding the equipment listed below will not qualify a vehicle labeled by the manufacturer for OFF-ROAD USE ONLY, to be registered for on-road use**

Check (✓) Appropriate Boxes

	PASS	FAIL	N/A		PASS	FAIL		PASS	FAIL	N/A
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Side Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Mudguards (over 26,000 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>		Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>		Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Air Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Safety Belts, Shoulder Harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	
Other (explain) _____								<input type="checkbox"/>	<input type="checkbox"/>	

**Before signing below all items above must be marked "pass" indicating the items are in a safe operating condition. N/A may apply to air bags, mudguards, reflectors, and safety belts/shoulder harness only if the item was not original equipment. N/A may apply to glass and windshield if not present; if present it must be proper safety glass.**

*Please Print or Type*

Legal Business Name \_\_\_\_\_  
Name DMV Business License or Registration Number

Address \_\_\_\_\_  
City State Zip Code

By signing this document, I certify the described motor vehicle is mechanically safe to operate and is equipped with all required devices necessary for safe operation upon the highway. I further certify that if repaired, the passenger restraint devices (as applicable), to include seat belts and/or airbags, were repaired pursuant to Title 49 CFR 571.209, Standard 209, and Title 49 CFR 571.208, Standard 208, respectively, and have been satisfactorily repaired to the applicable standards of the manufacturer and the motor vehicle repair industry.

\_\_\_\_\_  
Printed Full Legal Name of Affiant Signature and Position Date

**PART II AFFIDAVIT OF CONSTRUCTION FOR REBUILT SALVAGE, RECONSTRUCTED AND SPECIALLY CONSTRUCTED VEHICLES**

The undersigned, being duly sworn upon oath, deposes and says they are the owner of the vehicle listed below. This vehicle was rebuilt or built from parts and materials on hand, or parts and materials purchased from a supplier, or a manufactured kit purchased from a supplier, or purchased "as is" from a rebuilder, or otherwise lawfully acquired. The affiant or registered owner makes this affidavit as part of an application to the Nevada Department of Motor Vehicles for a Certificate of Registration and/or a Certificate of Title. The undersigned will indemnify and hold harmless the State of Nevada on account of the issuance of a Certificate of Registration and/or Certificate of Title for said vehicle.

- Vehicle was constructed from parts/material on hand
- Vehicle was assembled from manufactured kit
- Vehicle was built from purchased parts/material; receipts attached
- Vehicle was purchased "as is" from rebuilder

**Please Print or Type**

Year \_\_\_\_\_ Make (if manufactured kit) \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_ No. of axles \_\_\_\_\_

Affiant's Full Legal Name \_\_\_\_\_  
(As appears on Driver's License or ID) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Driver's License, ID Number or DOB \_\_\_\_\_ Telephone Number \_\_\_\_\_

Affiant's Physical Address \_\_\_\_\_  
Street City State Zip Code

Affiant's Mailing Address \_\_\_\_\_  
Street City State Zip Code

State of Nevada, County of \_\_\_\_\_ signed and sworn to (or affirmed) before me on,

\_\_\_\_\_ by, \_\_\_\_\_  
Date Signature of Affiant

\_\_\_\_\_  
Signature of Notary Public or Authorized DMV Representative

Notary Stamp

Authorized DMV Representative ID Number

**PART III COMPLETED BY AN AUTHORIZED NEVADA DMV REPRESENTATIVE**

**Note: Attach copies of any title or purchase documents, supplied by owner, showing information of components used from other vehicles.**

VIN & Part \_\_\_\_\_ Vin & Part \_\_\_\_\_

Vin & Part \_\_\_\_\_ Vin & Part \_\_\_\_\_

VIN indicated in Part I Verified

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**Vehicle Inspection Fee**

DMV Assigned VIN or Kit Manufacturer's VIN

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**VIN Assignment Fee**

Different than listed in Part I Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_

Reason VIN assigned \_\_\_\_\_

Odometer Reading (as shown on apparatus) 

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 NO TENTHS

If the vehicle's odometer apparatus only displays five (5) numbers, please put an X in the first box.

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY
- 3. Exempt- Model year over 20 years old

This vehicle was restored prior to authorization. The undersigned is authorizing restoration after the fact on this form in lieu of form VP-209

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Nevada DMV Agency Representative Signature of Nevada DMV Agency Representative ID NO. Date