



**DUPLICATE LICENSE PLATE APPLICATION
(NRS 482.500)**

The registered owner/business of a vehicle may request duplicate license plates to replace their currently registered license plates.

License plates that have been reported stolen **MAY NOT** be duplicated. If your plates are listed as stolen, you will have to go into an office to obtain a new license plate number.

Please select one of the boxes below:

<input type="checkbox"/> Passenger vehicle/Truck	2 Plates	Total fee \$17.00
<input type="checkbox"/> Specialty Style (i.e., Raiders, Replica, Lake Tahoe, etc.)	2 Plates	Total fee \$11.00
<input type="checkbox"/> Large Trailer plate (over 1,000 pounds)	1 Plate	Total fee \$13.50
<input type="checkbox"/> Small Trailer plate (under 1,000 pounds)	1 Plate	Total fee \$13.50
<input type="checkbox"/> Motorcycle plate	1 Plate	Total fee \$13.50
Replace Registration Certificate and Decal? Yes <input type="checkbox"/> No <input type="checkbox"/>		Additional Fee of \$5.00
NOTE: Replacement decals will be mailed to the address on this form.		

Discontinued or inactive plates cannot be duplicated by mail or fax. If you are in possession of an inactive (expired longer than 18 months) plate and want to keep the same plate number(s), you will need to complete this transaction **in person** by making a "License Plate Pickup/Dropoff" appointment online.

Duplicate license plate(s) will be mailed to the address listed on this form. Please allow approximately 4-9 weeks for the manufacturing and shipping process to take place.

Please submit a duplicate license plate application and form of payment by mail or fax. Reference the top right corner of this application for fax number and mailing address.

Current Plate Number: Large Plate (up to 7 characters)

Small Plate (up to 5 characters)

Full Legal Name: _____
Last First Middle

Driver's License Number, ID number, or Date of Birth: _____

Mailing Address: _____
Street Address City State Zip Code

License Plate Style (Lake Tahoe, Raiders etc.): _____
Plate Style

Signature Date



PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (One number per box)

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Payment Type: Master Card Visa Discover Card

Expiration Date

		/		
Month			Year	

 Cardholder Information

Printed Name: _____ Payment Amount (Required): _____
Print your name as it appears on your card Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types

Cardholder Billing Address: _____
Street Address or P.O. Box City State Zip Code

License Plate # / Driver License # / Business License # / Records# / Motor Carrier #
 of the transaction being processed: _____ Telephone: _____

Authorized Signature: _____ Date: _____

By signing this form, you give the DMV permission to debit your account for the payment amount on or after the indicated date.

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Do not e-mail this authorization form. E-mailed forms will not be processed. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only		
Super Tran ID: _____	Last four of card: _____	Technician Number: _____
Comments: _____		