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LICENSE PLATE RELEASE
NRS 482.2715

Please print or type

Full Legal Name

First

Middle

Last

Nevada Driver's License, Identification Card Number, or Date of Birth

Physical Address

Address

City

State

Zip Code

Mailing Address

Address

City

State

Zip Code

Telephone

E-mail

I hereby relinquish my rights to the License Plate Number _____. The Department of Motor Vehicles may re-issue this License Plate Number to anyone who may apply for it, as set forth by the Nevada Revised Statutes and Departmental procedures.

Signature of Applicant

Date
