

APPLICATION FOR OFF-HIGHWAY VEHICLE REGISTRATION RENEWAL NRS 490.082 & 490.105

- There is a \$20 fee to renew the registration of an off-highway vehicle (OHV).
- If this application is postmarked after the registration decal expiration date, a \$10 late fee must be included.
- Make check or money order payable to the Department of Motor Vehicles. Do not send cash.
- If paying by credit or debit card, please use form ADM-205,, Off-Highway Vehicle Payment Authorization.
- The OHV Section will process OHV transactions by mail or online at <u>ohv.nv.gov</u>. Your decal will be mailed to you.
 OHV transactions <u>cannot</u> be completed at Department of Motor Vehicles (DMV) offices.

Please Type or Print Using Blue or Black Ink

OHV Registration

Large All-Terrain Vehicle Registration (Form OHV-031, Large ATV Insurance Declaration must also be
completed and submitted) "Large all-terrain vehicle" means any all-terrain vehicle that includes seating capacity for at least two
people abreast and: 1. Total seating capacity for at least four people; or 2. A truck bed. Large OHV Registration requires insurance that
meets requirements of NRS 485.185.

Vehicle Identification Number:

Year:			Make	:	Model: Date													
					Snowmobile I All-Terrain Vehicle													
			Other	(Pleas	se Exp	lain)												
Decal	Expira	ition D	ate:					_ Dec	cal Nur	nber: _								
Fees due:					Registration Renewal I						Fee:			\$20	\$			
					Late Fee:						\$10				\$			
							Total Fe						es Due):	\$			
lf you	Registered Owner Name. The decal will be mailed to the address on file with DMV. If your address has changed, please note previous and new addresses below.																	
	Full Legal Name: As it appears on the Nevada Driver's License, Identification Card, or Business Name																	
Nevad	la Driv	er's Lio	cense	or Iden	itificati	on Car	d Num	nber, o	r FEIN	for a E	Busine	ss:						
Date of Birth:				Phone Number:						E-Mail (Optional):								
Physic	al Add	lress:																
					Address					City S			Sta	te	Zip Code	е		
Mailin	g Addr	ess:																
						Addres	S					City		Sta	te	Zip Cod	le	
lf at a	new a	ddress	, pleas	se note	e previ	ous ad	dress	below	:									
Previous Physical Address:																		
						Addr	ess				City			State		Zip Code	9	
Previo	ous Ma	iling A	ddress	:	Address				<u> </u>	City				State		Zip Code		
						Addi					City			Sidle			5	
Applicant Signature:										Date:								