Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711
(775) 684-4690
dmv.nv.gov

DEALER, DISTRIBUTOR, LESSOR, MANUFACTURER, PEER TO PEER, AND REBUILDER INFORMATION

"Dealer" and "vehicle dealer" defined.

1. "Dealer" or "vehicle dealer" means any person who:

(a) For compensation, money or other thing of value sells, exchanges, buys, offers or displays for sale, negotiates or attempts to negotiate a sale or exchange of an interest in a vehicle subject to registration under this chapter or induces or attempts to induce any person to buy or exchange an interest in a vehicle;
(b) Represents himself as having the ability to sell, exchange, buy or negotiate the sale or exchange of an interest in a vehicle subject to registration under this chapter or in any other state or territory of the United States;
(c) Receives or expects to receive a commission, money, brokerage fee, profit or any other thing of value from the seller or purchaser of a vehicle; or
(d) Is engaged wholly or in part in the business of selling vehicles or buying or taking in trade vehicles for the purpose of resale, selling or offering for sale or consignment to be sold or otherwise dealing in vehicles, whether or not he owns the vehicles. **NRS 482.020**

"Distributor" defined. "Distributor" means a person, other than a manufacturer, who is engaged in the business of selling new motor vehicles to dealers. NRS 482.028

"Lease," "long-term lessee," "long-term lessor," "short-term lessee" and "short-term lessor" defined. For the purposes of regulation under this chapter and of imposing tort liability under **NRS 41.440,** and for no other purpose:

1. "Long-term lessor" means a person who has leased a vehicle to another person for a fixed period of more than 31 days.

2. "Short-term lessor" means a person who has leased a vehicle to another person for a period of 31 days or less, or by the day, or by the trip. **NRS 482.053**

"Manufacturer" defined. "Manufacturer" means every person engaged in the business of manufacturing motor vehicles, trailers or semitrailers. **NRS 482.060**

"Rebuilder" defined.

1. "Rebuilder" means a person engaged in the business of reconstructing motor vehicles by the alteration, addition or substitution of substantial or essential parts or assembling of replica or specially constructed vehicles from unassembled parts.

2. Nothing in this section shall be construed to require any licensed new or used vehicle dealer to secure a license as a rebuilder in conjunction with rebuilding in his own facilities. **NRS 482.097**

"Peer to Peer" defined. "Peer to Peer Car Sharing Program" means a platform operated by a business that connects shared vehicle owners with shared vehicle drivers to enable the sharing of vehicles in exchange for money. Senate Bill 389 of the 2021 Session.

LICENSING REQUIREMENTS

1. Application for Business License (OBL237) completed in full and signed by a principal of the business.
2. Personal History Questionnaire (OBL242) completed by each principal of the business listed on the license application.
3. One set of fingerprints submitted by each principal of the business listed on the application. Principal must be fingerprinted by an authorized NV DMV representative or a law enforcement agency. Check with your local law enforcement agency for any additional fees
4. DPS Fingerprint Background Waiver (OBL256) completed and signed by each principal submitting a set of fingerprints.
5. A surety bond (OBL210) or a deposit in lieu of bond for the required amount: $10,000 for utility or boat trailers with an unladen weight of 3,500 or less; $50,000 for motorcycles, horse trailers without living quarters or utility trailers with an unladen weight of 3,501 or more; and $100,000 for peer-to-peer car sharing platform and all other vehicle types.
6. Insurance certificate showing automobile liability coverage. See insurance information sheet (OBL273). Peer-to-Peer programs may submit a $100,000 bond in lieu of the insurance requirement.
7. Copy of City or County business license; Peer-to-peer car sharing programs are exempt.
8. Fictitious Firm Name Filing, if applicable.
9. Copy of Certificate of Incorporation and Corporate filing, with names of the officers, filed with the Nevada Secretary of State's Office, if applicable.
10. The Federal Employer Identification Number (FEIN) of the business.
11. An email address for the business.
12. An established place of business within the state, with a permanent enclosed building large enough to accommodate an office; and for dealers, distributors, lessors, manufacturers and rebuilders sufficient space to display one or more vehicles. The established place of business must also have boundaries,which are clearly marked.
13. A permanently affixed display sign with the name of the business in lettering eight inches high, formed by lines that are at least one inch wide. The display sign must be clearly legible from the center of the nearest street or roadway. Peer-to-Peer car sharing programs are exempt from this requirement.
14. Two color photographs of business location that clearly show the exterior of the business to include the display sign. Peer-to-peer car sharing programs are exempt.
15. A site inspection conducted by the Department.
16. **New Vehicle Dealers**: Dealer Franchise Certification (OBL253) must be completed by each manufacturer or distributor certifying the business is an authorized franchised dealer for the sale of designated vehicle make(s).
17. **Manufacturers**: Letter of verification from SAE International confirming applicant's World Manufacture Identifier (WMI) assignment. Contact SAE at www.sae.org or ksiddall@sae.org or 724 772-8511.

APPLICATION FEES (Non-refundable)

New License Fee: $125.00

Fingerprint Processing Fee: $40.00 per principal

Late Fees: A license that expires for failure to renew may be reinstated upon submission of a completed renewal application, renewal fee, and a $25.00 late fee.

License Renewal Fee: $50.00

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APPLICATION FOR BUSINESS LICENSE AND GARAGE REGISTRATION

State Business License Number _____ DMV License Number _____
(If new applicant, please leave blank)

Individual/Corporate Name _____

DBA Name _____

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Business Phone Number _____ Business Fax Number _____

E-Mail Address _____ FEIN: _____

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)
☐ New Application ☐ Principal Location ☐ Branch Location ☐ Change *Mark type of change(s)* ☐ Add Activity ☐ Remove Activity ☐ Change of Principal(s) ☐ Adding ☐ Deleting ☐ Change of Business Structure ☐ Change of Business Address ☐ Mailing ☐ Physical ☐ Change of Curriculum ☐ Change of Class Schedule ☐ Change of Email Address ☐ Change of Business Name _____ Requested Name _____ Previous Name ☐ Duplicate License	☐ Rebuilder ☐ Manufacturer ☐ Distributor ☐ Transporter ☐ Broker ☐ Wrecker ☐ Electronic Notification ☐ Salvage Pool ☐ Consignment Auction ☐ Live ☐ Internet ☐ Body Shop ☐ Class A Certificate **Garage Registration** ☐ Garage Number of Technicians _____ Type of Repairs _____ _____	☐ Dealer ☐ New Motor Vehicle ☐ Used Motor Vehicle ☐ New Trailer ☐ Used Trailer ☐ New Motorcycle ☐ Used Motorcycle ☐ Moped ☐ Long Term Lessor ☐ Short Term Lessor ☐ Short Term Tlr Lessor ☐ Consignment Auction ☐ Live ☐ Internet ☐ OHV Dealer ☐ New OHV ☐ Long Term OHV Lessor ☐ Short Term OHV Lessor ☐ OHV Manufacturer	☐ Drive School ☐ Behind-the-Wheel ☐ Classroom ☐ Correspondence ☐ Internet ☐ Minors ☐ Traffic Safety School ☐ Classroom ☐ Correspondence ☐ Internet ☐ DUI School ☐ Classroom ☐ Correspondence ☐ Internet **Emission Control (Business Activity)** ☐ Emission Station ☐ Gas ☐ Diesel ☐ Test Only ☐ Test & Repair ☐ Fleet, Test Only ☐ Fleet, Test & Repair

Dealers selling new vehicles must list vehicle makes franchised to sell: _____

☐ Individual ☐ Partnership ☐ LLP ☐ LLC ☐ Corporation Incorporated in State of _____ File Date _____

OBL237 (02/2022)

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OWNERSHIP: List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.

Name (Last, First, Middle)	Title

Registered Agent's Information: _____

For Garage Registration Only: Additional Location(s)

Name of Business	Address	Phone Number and Managers Name	# of Technicians

Nevada Revised Statute and Nevada Administrative Code Chapters:

NRS/NAC Chapters 445B & 482	**NRS/NAC Chapters 482 & 490**	**NRS/NAC Chapter 483**	**NRS/NAC Chapters 487 & 597 (Body Shop & Garage only)**
Station and Inspector licensing.	Broker, Dealer, Distributor, Long Term Lessor, Manufacturer, Rebuilder, Salesman, Short Term Lessor and Transporter licensing, including Off-Highway Vehicle Industry Licensing.	Instructor and School licensing.	Body Shop, Garage, Salvage Pool and Wrecker licensing or registration.

I understand providing false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my business license or registration and constitutes a gross misdemeanor under **Chapter 482, 483, 487**, **445B** and **490** of the **Nevada Revised Statutes**. Furthermore, I understand it is my responsibility to review the aforementioned Nevada Revised Statute and Nevada Administrative Code Chapters with respect to the license or registration I am applying for and agree to comply with the requirements stated therein. I declare under penalty of perjury that the foregoing is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.
Signatures must be original. Photocopies are not acceptable.

Applicant's Signature | Title | Date

State of Nevada
County of _____

Subscribed and sworn to before me this _____ day of _____ 20 _____ by _____

Signature of Notary Public or Authorized Nevada DMV Representative

Notary Seal

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PERSONAL HISTORY QUESTIONNAIRE

☐ New ☐ Update

This questionnaire is filed as part of the licensing application for:

Business License: ☐ Principal ☐ Registered Agent/Manager

Occupational License: ☐ Salesperson ☐ Drive School Instructor ☐ Traffic Safety School Instructor

☐ Inspector ☐ DUI School Instructor

All lines and spaces must be completed in full. If not applicable enter N/A.

Full Legal Name: _____
Last First Middle

Additional names you have been known by *(maiden name, stage name, nickname)*:

_____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Primary Phone: _____ Additional Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City State

Driver's License No: _____ State: _____

Social Security No.: _____ ☐ Female ☐ Male

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, marks, and/or tattoos: _____

Employment History for the past 5 years beginning with the most current *(without gaps):*

From (month/year)	To (month/year)	Employer	Complete Address/Telephone #

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PERSONAL HISTORY QUESTIONNAIRE

Applicant's Full Legal Name: _____

List names, complete address, and phone numbers of two personal references.

Name	Address	Phone Number

Have you ever been arrested or charged with a criminal offense (including traffic offenses) in this state, any other state, any territory of the United States, or in any other nation? ☐ *Yes* ☐ *No*

Have you ever been convicted of or pled guilty/no contest to any criminal offense (including traffic offenses) in this state, any other state, any territory of the United States, or in any other nation? ☐ *Yes* ☐ *No*

***If you answered "yes" to either question (listed above), please provide the date of arrest, nature of the offense/charge, location of offense (city, county, state, etc.), and the final outcome of the offense/charge (e.g., conviction, dismissal, pending, etc.). ***

****Failure to disclose any arrest(s) and/or conviction in this state, any other state, any territory of the United States, or in any other nation may result in the denial of the application.****

Date of Arrest	Nature of Offense / Charge	Location of Offense / Charge	Disposition of Offense / Charge

Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If yes, provide name and address of the agency, name of supervising officer and phone number. Provide a copy of your discharge; if appropriate *(explain).*

_____

_____

_____

Child Support Information:

An applicant for the issuance or renewal of a license issued pursuant to NRS Chapters 445B, 482, 483, 487 and 490, shall submit to the Department of Motor Vehicles the statement prescribed by the Division of Social Services of the Department of Human Services pursuant to NRS 425.520. **Please mark the appropriate statement**. Failure to mark one of the three statements will result in denial of the application or refusal to renew license.

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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PERSONAL HISTORY QUESTIONNAIRE

Applicant's Full Legal Name: _____

Have you previously held or do you presently have a business or occupational license issued by the Department of Motor Vehicles in this State or by any other State's occupational licensing authority in this state, any other state, any territory of the United States, or in any other nation? ☐ Yes ☐ No

If "Yes", license number: _____ State: _____

Have you ever had a professional, occupational, or business license (including a driver's license) in this state, any other state, any territory of the United States, or in any other nation, which was denied, revoked, suspended, or subject to disciplinary action due to criminal conduct (arrest and/or conviction) or administrative sanctions? ☐ Yes ☐ No

If you answered yes to either question (listed above), please provide the date of offense/arrest, nature of the offense/charge, location of offense (city, county, state, etc.), and the final outcome of the offense/charge (e.g., conviction, dismissal, pending, etc.).

_____

_____

I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. In relation, I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees to furnish any information or opinions they may have during the course of my initial background investigation. I release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, Department of Motor Vehicles, its agents or employees and all persons or entities furnishing information or opinions to the Department of Motor Vehicles related to my background investigation. I understand providing false information or the omission of the requested information in this questionnaire is grounds to deny, suspend, or revoke my business or occupational license. Furthermore, I understand filing false information to obtain any license or permit is a criminal act as defined in Nevada Revised Statutes and Nevada Administrative Codes in addition to being subject to the administrative sanctions as prescribed by law.

_____ _____
Signature of Applicant Date

Signatures must be original. Photocopies are not acceptable.

State of _____ County of _____

Subscribed and sworn before me this _____ day of _____ , 20___ by _____

_____ _____
Notary Public ***or*** Authorized Nevada DMV Representative (Notary Seal)

For Department Use Only
Case No.: _____
☐ Application Completed & Signed ☐ Fingerprints ☐ Background Investigation ☐ Total Fees $ _____

Recommendation: ☐ Approved ☐ Denied

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____
(if applicable)

Signature of Investigator _____ Date _____
(if applicable)

Nevada Department of
Public Safety

Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 197 4, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada

   Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 197 4 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https :/ / www.fbi.gov/ serv ices/ cjis/ identity-h ist ory- summary-checks and htt ps:/ / www.edo.cjis.gov .

7. If you decide to challenge the accuracy or completenes of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request viahtt ps:/ / www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

9. I hereby authorize_____*(name of requesting agency)*, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account#: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas area (702) 486-4DMV (4368)
dmv.nv.gov

VEHICLE INDUSTRY BUSINESS LICENSE BOND

Bond Number_____

License Type:

- ☐ Broker
- ☐ Dealer/Rebuilder/Lessor
- ☐ Distributor
- ☐ Manufacturer
- ☐ Off-Highway Vehicle

KNOW ALL MEN BY THESE PRESENTS:

That _____, as principal,
(Individual or Corporate Name and Name Doing Business as)

located in the County of _____, State of Nevada, obligee, and

_____, a corporation organized and existing under and by virtue of the
(Name of Surety)
laws of the State of_____, and authorized to transact a surety business in the State of Nevada, as surety, are held and firmly bound unto the State of Nevada in the penal sum of _____ THOUSAND DOLLARS for the payment of which well and truly to be made we hereby bind ourselves, our respective heirs, administrators, executors, successors and assigns jointly and severally, firmly by these presents:

To be effective on the _____ day of_____, 20____

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above-named principal has been licensed to carry on or conduct in this State the business of buying, selling, transporting, manufacturing, distributing, brokering or dealing in new or used vehicles, trailers, motorcycles or semitrailers; and

WHEREAS, the above-named surety herein agrees that any consumer, as defined in **NRS 482.345**, injured by the action or actions of the principal and/or his salesmen involved in any fraud or fraudulent representation or in violation of any of the provisions of Chapter 482 or Chapter 490 of the Nevada Revised Statutes or Nevada Administrative Codes may bring action in said injured person's own name against the said surety. This bond is continuous in form and the total aggregate liability of the bond is limited to the payment of the total amount of the bond. In the event of a dispute of a claim by the surety company, application may be made to the Director, Department of Motor Vehicles for good cause shown. After notice and hearing, the director may authorize payment of funds from here said surety coverage.

_____ Bond Number

This bond may be canceled by the surety at any time by giving written notice by registered mail of its desire and intention so to do. Said cancellation shall be effective thirty (30) days after the receipt of said notice by the State of Nevada Department of Motor Vehicles, Occupational and Business Licensing Section.

Signed, sealed and dated this _____ day of_____, 20____

X_____
(Principal's Signature)

_____
(Principal's Printed Name)

_____
(Surety)

Telephone Number of Surety: (_____)_____-_____

_____
(Mailing Address of Surety Company, Street)

_____
(City, State and Zip Code)

By _____
(Signature, Attorney-In-Fact for Surety)

_____
(Printed Name, Attorney-In-Fact)
(The Corporate Seal of the Surety Company must be imprinted or affixed to the bond form)
(Surety Seal)

(A licensed agent of the issuing company must countersign this form)
Countersigned on behalf of:

_____
(Surety)

this _____ day of_____, 20____

_____
(Signature, Agent)

_____
(Printed Name, Agent)

_____
(Business Name, Agent)

_____
(Business Address, Agent)
(All signatures must be original. Electronic signatures and/or photocopies will not be accepted. Any alterations will void this form.)

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INSURANCE REQUIREMENTS

Insurance certificates must show automobile liability coverage with the Department listed in the certificate holder section. Combined Single Limit (CSL) means an aggregate of the total liability (bodily injury and property damage) per accident. CSL is acceptable on a certificate of insurance as long as the amount is equal to or greater than the amount listed below.

Agents are required to submit the appropriate ACORD form, or a comparable company form, titled "Certificate of Liability Insurance". Please note the following:

- The insured name must match the DBA name listed on the business application.
- All coverage types as required below must be clearly marked.
- If a "Garage Liability" insurance policy is acceptable per the below requirement, it may be indicated by checking one of the empty boxes in the "Automobile Liability" section and filling in "Garage Liability" or by submitting the appropriate "Garage Liability" form.
- Descriptions of operations may be noted in the "Description of Operations/Locations/Vehicles" section.

Please Note: The Insurance Requirements on this form have been reviewed and approved by the Division of Insurance, Property & Casualty Section, 1818 E College Pkwy, Ste 103, Carson City, NV 89706, (775) 687-0700.

Dealers, Rebuilders, Manufacturers, Distributors and Transporters Garage Liability policy (including automobile liability) or Commercial Auto policy is acceptable per NRS 482.325. Language must include one of the following:

Any auto (symbol 21 for Garage Liability or symbol 1 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

OR

All owned or scheduled autos, plus hired and non-owned autos (symbols 22 or 27 plus 28 and 29 for Garage Liability or symbols 2 or 7 plus 8 and 9 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

Trailer Dealers, Manufacturers and Distributors Garage Liability policy (including automobile liability) or Commercial Auto policy is required only when the licensee requests or has special plates issued by the Department per NRS 482.325. Language must include one of the following:

Any auto (symbol 21 for Garage Liability or symbol 1 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

OR

All owned or scheduled autos, plus hired and non-owned autos (symbols 22 or 27 plus 28 and 29 for Garage Liability or symbols 2 or 7 plus 8 and 9 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

Salvage Pools and Wreckers Garage Liability policy or Commercial Auto policy is acceptable. Insurance is required only when the licensee requests or has special plates issued by the Department. Language must include the following:

Any auto (symbol 21 for Garage Liability or symbol 1 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

OR

All owned or scheduled autos, plus hired and non-owned autos (symbols 22 or 27 plus 28 and 29 for Garage Liability or symbols 2 or 7 plus 8 and 9 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

Body Shops Garage Liability policy or Commercial Auto policy is acceptable. Insurance is required when the licensee requests or has special plates issued by the department. Language must include the following:

Any auto (symbol 21 for Garage Liability or symbol 1 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

OR

Hired and non-owned autos (symbols 28 and 29 and 30 or symbols 8 and 9 for Commercial Auto), CSL of at least $95,000 per accident or bodily injury $25,000 per person, bodily injury $50,000 per accident, property damage $20,000.

Professional Drive Schools Commercial Auto policy is required per NRS 483.740. Language must include the following:

Scheduled Autos (symbol 7), CSL of at least $450,000 per accident or bodily injury or death of one person per accident $100,000, bodily injury or death of two or more persons $300,000 per accident, property damage $50,000.

Each vehicle covered by this policy must be listed by the vehicle identification number (VIN). NAC 487.750

Peer to Peer Car Sharing Programs Insurance is required by a car sharing program to assume any tort liability of a shared vehicle owner arising out of the use or operation of the shared vehicle up to an amount of:

Bodily Injury to or death of one person in any one crash, $50,000; for bodily injury to or death of two or more persons in any one crash and subject to the limit for one person, $100,000; and for injury to or destruction of property of others in any one crash, $20,000, bodily injury $50,000 per accident, property damage $20,000.

To ensure compliance with the established peer to peer car sharing program provisions and protect against injury to shared vehicle owners/drivers against licensee failures to comply with disclosures or other related provisions, businesses may file with the Department a surety bond in the amount of $100,000, or deposit with the Department a like amount of lawful money of the United States. Compensation from these funds is dependent upon an application to the Director and the conduct of a procedural hearing, or judgment from a court of competent jurisdiction (NRS 482.345 (7).

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CITY OR COUNTY BUSINESS LICENSE APPROVAL

As an applicant for a State of Nevada Department of Motor Vehicles, Business License, you are required to provide the department a photocopy of the license, certificate or permit issued by the appropriate city or county business licensing agency.

The department will accept a photocopy of the business license application and approval from the business licensing agency, pending receipt of the photocopy of the business license, certificate or permit.

To be completed by City or County business licensing agency

Name of Business _____

Mailing Address of Business _____ _____ NV _____
Street City State Zip Code

Physical Address of Business _____ _____ NV _____
Street City State Zip Code

The license application for the above listed business has been approved and granted permission to conduct business as a _____ at the above address.
Type of business activity

_____ _____
City or County Business Licensing Official Date Approved

Validate by placing Agency Stamp below
Business License Agency

Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711
(775) 684-4690
dmv.nv.gov

DEALER FRANCHISE CERTIFICATION

DMV Business License Number _____
(If new applicant, please leave blank)

Individual/Corporate Name _____

DBA Name _____

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Business Phone Number (_____)_____-_____ FEIN _____

****

Manufacturer/Distributor Name _____

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Authorized Agent_____ Phone Number (_____)_____- _____

Authorized Agent Address _____
Street City State Zip

****

Vehicle Make_____ Contract Effective Date _____

Assigned Sales Location _____

****

Please check the box that applies.

☐ This dealership is NOT establishing, relocating or reopening at a location within the relevant market area of existing franchised dealers. Relevant market area is defined in **NRS 482.3634**

☐ This dealership is establishing, relocating or reopening at a location within the relevant market area of existing franchised dealers and proper written notice of intent to enter into this franchise agreement has been made to the department and to each such existing franchised dealer as required by NRS **482.36357**

Please check the box that applies.

☐ A copy of the contract, including specific dealer delivery and preparation obligations, is attached for filing as required.

☐ A blanket contract, including specific dealer delivery and preparation obligations has been or is filed as required by law.

I certify that the identified dealer and manufacturer/distributor have executed a contract effective on the date specified, subject to the licensing provisions of **Nevada Revised Statutes Chapter 482**, for the representation and sales of the indicated make of motor vehicles in the listed assigned sales location. Furthermore, I understand that pursuant to **NRS 482.3638**, any term or condition which waives any provision of **NRS 482.36311** – **482.36425,** is void and unenforceable.

_____
Signature of Authorized Agent Date

NOTE: In case of franchise termination or expiration, **NRS 482.36352** requires written notice be given the dealer, including the effective date and specific grounds for termination or expiration, at least 60 days prior to the effective date and that a copy of the notice be filed with the Director of the Nevada Department of Motor Vehicles. Manufacturer and distributor responsibilities, when franchising Nevada motor vehicle dealers, are included in **NRS Chapter 482.**