



AFFIDAVIT OF NON-OPERATION

NRS 371.140 and 482.515

Please Note: Adm Please Print or Type	inistrative f	ines will not	t be reduce	d by subr	nission (of this f	orm.					
Did you receive an valid registration?	·	_	m Law Enf	orcement	for oper	ating t	he vel	hicle	withou	ıt a		
Was the vehicle dr	iven by any	one today	in order to	renew the	registra	tion?	☐ Ye	s 🗌	No			
THIS IS TO CERT	IFY THAT	the describe	ed vehicle:									
Vehicle Identification	on Number								•		T	
Year	Make		_ Model _			Body	Туре					
Current Odometer	Reading _											
Has <u>NOT</u> been drive Beginning Month To	•						Yea	r				
Ending Month			Day _				Yea	r				
Vehicle Location, a	address _											
	5	Street		City			State		Zip C	ode		
Full Legal Name of	f Applicant											
		First		Middle				La	st			
Nevada Driver's Li Number, Date of B	•											
Physical Address												
Mailing Address _	Street		City		State			Zip	Code			
	Street		City		State			Zip	Code			
State of Nevada, C	County of _											
Subscribed and sworn to before me on												
Ву			Date									
Signature of	Affiant	•										
Notary Public or Authorized DMV Representative						Notary Stamp						

Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once it is signed and witnessed.