



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
www.dmvnv.com

OVERWEIGHT / OVERLENGTH (OWL) PERMIT
REPLACEMENT FORM

Carrier No. _____ Date _____
Carrier Name _____ Phone () _____
Address _____ Fax () _____
City, State, Zip _____ FEIN _____

I, _____ do hereby certify that Nevada
Printed Name
Overweight / Overlength Permit Number _____ has been lost
Permit Number
or destroyed, and I am requesting a replacement permit.

Under penalties of perjury the applicant declares that the information provided on this form is true accurate and complete. The applicant understands that in the event the original or replacement permit is misused or illegally copied the applicant may forfeit the privilege of purchasing replacement permits in the future. Additionally the applicant's operating privileges may be suspended and failure to comply with these provisions shall be grounds for revocation of authority in Nevada.

Registered Owner's Signature _____ Date _____

SUBSCRIBED AND SWORN to before me on:

this _____ day of _____ 20 _____

Notary Public

Note: Only a signed and notarized original Overweight / Overlength (OWL) Permit Replacement Form is deemed acceptable by the Department of Motor Vehicles. Photo copies and fax copies will not be accepted.

For Office Use Only

New Overweight / Overlength Permit Number _____

DMV Employee's Printed Name DMV Employee's Signature Date