

| IMPORTANT NOTICE: NEVADA LAW REQUIRES REGISTERED OWNERS TO MAINTAIN CONTINUOUS INSURANCE COVERAGE ON REGISTERED VEHICLES, FROM A LICENSED <u>NEVADA INSURANCE COMPANY</u> TO AVOID PENALTIES NRS 482.220 VEHICLE INSPECTION CERTIFICATE FOR VEHICLE IDENTIFICATION NUMBER VERIFICATION (To be completed by an Authorized Nevada DMV Agent or a Peace Officer) For Moped Inspections use form VP-30 | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------|------|----|--|-------|-----|---|------|-----|------|-----------|-----|---------|---------|----------|----|--|--|
| Please Print or Type I certify that I have examined the following vehicle (for moped inspection use form VP-30): | | | | | | | | | | | | | | | | | | | | |
| Year | ar Make | | | | | | Model | | | | | | Body Type | | | | | | | |
| Federal Certification Safety Label and Emissions Label (LSVs only) | | | | | | | | | | | | | | Yes | | No | | | | |
| Vehicle Identification Number | | | | | | | | | | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | 1 | | - | | - 1 | | | | | | | | | |
| Odome | Odometer Reading (as shown on apparatus) | | | | | | | | | | | | | | THS | | | | | |
| If the vehicle's odometer apparatus only displays five numbers, please put an X in the first box. Not all LSVs will have an odometer. | | | | | | | | | | | | | | | n | | | | | |
| 1. The mileage stated is in excess of its mechanical limits. 2. The odometer reading is not the actual mileage. WARNING – ODOMETER DISCREPANCY 3. Exempt – Model year over 9 years old. | | | | | | | | | | | | | | | | | | | | |
| □ Cylinders □ Rotor | | | | | | | | | | | | | | | | | | | | |
| If vehicle being inspected is a trailer, does it include living quarters? Yes No | | | | | | | | | | | | | | | | | | | | |
| Fuel: REM/ | □ ARKS | Gas | | Dies | el | | Propa | ane | | | | Elec | otric | | □ Oth | er (see | e remark | s) | | |
| | | | | | | | | | | | | | | Ba | adge or | | | | | |
| Authorized Officer-Inspector - Printed Name | | | | | | | | | | | | | | | | ID # | | | | |
| Autho | | | | | | | | | | Date | | | | | | | | | | |
| (If othe | er than DM | V Inspectio | n Stat | ion) | | | | | | | | | | | | | | | | |
| | | | | | | | Addre | SS | | | | | City | | Sta | te | Zip Cod | e | | |
| Enforcement Agency | | | | | | | | | | | | | | | | | | | | |
| Agency | | | | | | | | | | | | | - | | | | | | | |
| | Nevada Authorized Agency Agency | | | | | | | | | | | | | | | | | | | |