



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

LETTER OF TRANSMITTAL FOR ABANDONED JUNK VEHICLES

NRS 487.240

Full Legal Name _____

Nevada DMV Wrecker or
 Tow Company's Business License Number _____

Physical Nevada
 Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Telephone _____ E-mail _____

Fax _____ Sent by _____ Date Sent _____

| Vehicle Information | | | | | | | | | | | | | For DMV Use | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-------------|------|------------------------------|-----------------------------|--|-------------|
| Vehicle Identification Number | | | | | | | | | | | | | Year | Make | Lic # & State | Registration Info | | State RO/LO |
| 1 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 2 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 3 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 4 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 5 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 7 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 8 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 9 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 10 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 11 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 12 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 13 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 14 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 15 | | | | | | | | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

*** FOR OFFICIAL DMV USE ONLY ***

Date Postmarked _____ Date Received _____ Date Completed _____

Technician's Name _____ ID _____

Appraiser's Name _____ ID _____

This form may be photocopied