



APPLICATION FOR TRANSPORTER PLATE



Applicant Information

Name/Company _____

Address _____
Physical addresses only - No P.O. Boxes allowed.

City _____ State _____ Zip _____

Telephone () _____ Date _____

The undersigned being duly sworn depose or affirm that the information provided on this application is true and complete. Use of a false or fictitious name, knowingly making a false statement or knowingly concealing a material fact in this application can result in a fine or imprisonment or both and seizure of the transporter plate, certificate and validation decal.

Signature _____
(Authorized Agent or Officer of Business)

Printed Name _____
(Must be readable or application will be returned unprocessed.)

Type of Business:

Individual Partnership Corporation

State Issued ID Number (Required): _____
(Issued by the NE Dept. of Revenue)

Applicant certifies that he/she is: *(check appropriate box.)*

Lawfully engaged in business as a transporter of motor vehicles, trailers, cabin trailers, not owned by him/her, solely for conducting business in Nebraska.

NEW PLATE - \$16.80 ♦ RENEWAL - \$13.50

Domiciled in the State of Nebraska and engaged in the business of equipping or modifying motor vehicles that are not registered and he/she does not own.

NEW PLATE - \$36.80 ♦ RENEWAL - \$33.50

RENEWALS: Applicant applies for renewal of the following transporter plates and registrations now assigned to him/her, at: **\$13.50 each** or **\$33.50 each**

List Plate Numbers to be Renewed Below

LICENSING YEAR _____

1.	4.	7.	10.	13.
2.	5.	8.	11.	14.
3.	6.	9.	12.	15.

Number of plates to be renewed:	_____	x \$13.50 = \$ _____
Number of plates to be renewed:	_____	x \$33.50 = \$ _____
Number of new plates:	_____	x \$16.80 = \$ _____
Number of new plates:	_____	x \$36.80 = \$ _____
Lost Plate fee <i>(Include registration from lost plate):</i>	_____	x \$ 9.30 = \$ _____
Lost Registration fee:	_____	x \$ 4.50 = \$ _____

TOTAL AMOUNT DUE = \$ _____

Mail completed application, with appropriate fees to:

**Department of Motor Vehicles
Driver and Vehicle Records Division
301 Centennial Mall South
PO Box 94789
Lincoln, NE 68509-4789**

For questions related to this application,
please contact this office at
(402) 471-3918.