

**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 - \$17.30 ♦ RENEWAL - \$14.00

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 - \$37.30 ♦ RENEWAL - \$34.00

All applicants for transporter plates are required by law to keep a record of every vehicle or trailer transported by him/her for a period of three (3) years and make such records available to the Department upon request.

RENEWALS: Applicant applies for renewal of the following transporter plates and registrations now assigned to him/her. 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 \$14.00 = \$ _____
Number of plates to be renewed:	_____	x \$34.00 = \$ _____
Number of new plates:	_____	x \$17.30 = \$ _____
Number of new plates:	_____	x \$37.30 = \$ _____
Lost Plate fee <i>(Include registration from lost plate):</i>	_____	x \$ 9.80 = \$ _____
Lost Registration fee:	_____	x \$ 5.00 = \$ _____

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.