

**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 - \$18.10 ♦ 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 - \$38.10 ♦ 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 \$18.10 = \$ _____
Number of new plates:	_____	x \$38.10 = \$ _____
Lost Plate fee <i>(Include registration from lost plate):</i>	_____	x \$10.60 = \$ _____
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.