



Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711
(775) 684-4690
dmv.nv.gov

DEPOSIT RELEASE APPLICATION

Pursuant to Nevada Revised Statutes

Individual/Corporate Name: _____ DMV Business License # _____

DBA Name: _____ Phone Number _____
(If applicable)

Mailing Address _____
Street City State Zip

Physical Address _____
Street City State Zip

Type of Deposit:

☐ Cash ☐ Savings/Time Certificate No. _____ ☐ Other _____

Amount of Deposit: \$ _____

Bank Name _____

Address _____

Reason for Release _____

Principal's Printed Name _____

Principal's Signature _____ Date _____

State of Nevada

County of _____

Subscribed and sworn before me this _____ day of _____, _____ by

Notary Public or Authorized Nevada DMV Representative

(Notary Seal)

FOR DEPARTMENT USE ONLY

Authorized DMV Representative's Signature Date ☐ Approved ☐ Denied

Supervisor/Manager's Signature Date ☐ Approved ☐ Denied

Administrator's Signature (if applicable) Date ☐ Approved ☐ Denied

Reason for Denial: _____