

STATE OF NEVADA  
NEVADA TRANSPORTATION AUTHORITY  
**INSURANCE COMPANY DESIGNATED VEHICLE STORAGE LOT  
APPROVAL REQUEST**

**INSTRUCTIONS:**

- Type or print clearly in ink.
- Complete sections 1 and 2 of the form.
- Submit a separate completed form for each designated storage lot.
- Attach a copy of the fully executed agreement, including a law enforcement indemnification clause.
- Attach a copy of all required State and local business licenses for the storage lot location.
- Mail, Fax or deliver signed forms and attachments to:

Nevada Transportation Authority  
1755 East Plumb Lane, Suite 229  
Reno, NV 89502  
Phone: 775 688-2800 Fax: 775 688-2802

OR

Nevada Transportation Authority  
3300 West Sahara Avenue, Suite 200  
Las Vegas, NV 89102  
Phone: 702 486-3303 Fax: 702 486-2590

**SECTION 1. DESIGNATED LOT INFORMATION:**

COMPANY NAME \_\_\_\_\_

LOT LOCATION: \_\_\_\_\_

**SECTION 2. REQUESTING INSURANCE COMPANY:**

CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SEND REPLY VIA: MAIL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PRINTED NAME OF REQUESTOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3. NTA USE ONLY - DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_

Log #: \_\_\_\_\_

APPROVED \_\_\_\_\_ or NOT APPROVED \_\_\_\_\_ (Explanation attached)

\_\_\_\_\_  
Dawn Gibbons, Chairman

\_\_\_\_\_  
Dated

\_\_\_\_\_  
George Assad, Commissioner

\_\_\_\_\_  
Dated

\_\_\_\_\_  
David Newton, Commissioner

\_\_\_\_\_  
Dated