



DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA TRANSPORTATION AUTHORITY

Taxicab Color Scheme Submission Form

Date Submitted: _____

Taxicab Company: _____ CPCN _____

Description of Request: _____

If a wrap:

Number of Taxicabs to be wrapped: _____

Taxicab vehicle numbers to be wrapped: _____

Taxicab Color Scheme _____

Please circle whether this will be a permanent or temporary change in color or wrap:

Permanent **or** *Temporary Change*

Attachments:

- Color copies of artwork

Authorized personnel submitting application:

The undersigned duly authorized representative certifies that all statutes (NRS) and regulations (NAC) have been met relative to the vehicle(s) addressed in this application.

Submitted by: _____
Signature of authorized company representative

Date

Approved by: _____
Signature of NTA Investigator

Date

Final Approval: _____
Signature of NTA Chairman or Commissioner

Date