



Nevada Taxicab Authority

State of Nevada – Business and Industry

Lost Medallion Form



Date:	
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Cab Company:	Supervisor:
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Missing Medallion Number:	Cab Number:
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Date Medallion was Lost/Stolen:	Time Medallion was Lost/Stolen:
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Medallion Type:	
<p><u>24/7 COUNTY WIDE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> BLUE/WHITE #1-199 <input type="checkbox"/> YELLOW/GREEN #200-299 (Formerly A-CAB Only 24/7) <input type="checkbox"/> PINK/BLACK #300-350 (Formerly Geo) <input type="checkbox"/> PINK/BLACK #351-399 (Formerly GEO 2) <input type="checkbox"/> LT BLUE/BLACK #300-350 (Formerly Geo-Set 2) <input type="checkbox"/> LT BLUE/BLACK #351-399 (Formerly GEO 2-Set 2) <input type="checkbox"/> SAND/BLACK #400-499 (Formerly Time Restricted) <input type="checkbox"/> WHITE/RED #500-549 (Formerly Weekend) <input type="checkbox"/> BLACK/WHITE #500-549 (Formerly Weekend-Set 2) <input type="checkbox"/> RED/WHITE #550-599 (Formerly Weekend-A-CAB & Deluxe) 	<p><u>24/7 COUNTY WIDE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> PURPLE/YELLOW #600-650 (Formerly South of Sunset) <input type="checkbox"/> ORANGE/BLACK #651-699 (Formerly NLV/North Only) <input type="checkbox"/> GREEN/WHITE #700-749 (Formerly NLV/North Only-Time) <input type="checkbox"/> RED/YELLOW #800-850 (Formerly Laughlin) <input type="checkbox"/> BLACK/YELLOW #851-899 (Formerly Laughlin Time) <input type="checkbox"/> GRAY/BLACK #900-999 (Formerly M-T-W A-CAB & Virgin Valley) <input type="checkbox"/> SPECIAL SERVICE (WHITE/BLUE #1-9) <input type="checkbox"/> SPECIAL SERVICE (YELLOW/BLUE #1-4) <input type="checkbox"/> SPECIAL EVENT/CONVENTION (YELLOW/RED #1-50)

Reason for Replacement:	<input type="checkbox"/> MEDALLION LOST	<input type="checkbox"/> CAB STOLEN	<input type="checkbox"/> MEDALLION DAMAGED
	<input type="checkbox"/> MEDALLION STOLEN		

Describe the Facts Explaining How the Medallion Became Lost, Stolen, or Damaged:



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LOST MEDALLION CERTIFICATION



Temporary Medallion Information

Issued Date & Time:	Temporary Medallion #
Company Representative	Taxicab Authority Representative
Returned Date & Time:	
Company Representative	Taxicab Authority Representative

Permanent Medallion Information

Issued Date & Time:	Permanent Medallion #
Receipt #:	
Company Representative	Taxicab Authority Representative

I, _____, do hereby confirm that I am an authorized person designated by my company as a supervisor and/or a responsible person to interact with the Taxicab Authority. I am designated pursuant to NAC 706.474(2), and do hereby represent that I am acting on behalf of (Taxicab Company: _____) within this document.

I understand by submitting and describing the events that caused the medallion to be lost, stolen, or damaged that I am making an official report to Taxicab Authority Law Enforcement Division. Providing any willfully untrue, misleading, or exaggerated statement constitutes a criminal offense for which the Taxicab Authority may seek prosecution.

I further hereby swear and affirm that all the foregoing information, statements and answers are true, correct and complete to the best of my knowledge. ***I understand that falsifying, withholding or failing to completely and accurately provide information may cause:***

- ***The denial of a temporary or permanent replacement medallion;***
- ***A fine not to exceed \$15,000 against the carrier pursuant to NRS 706.885; and/or***
- ***The Taxicab Authority may pursue federal and/or state criminal and/or civil action against the signer and his or her carrier.***

Signature _____ Date: _____

Print Name _____ Position _____