



Nevada Taxicab Authority

State of Nevada - Business and Industry

Lost Medallion Form



Date:	
Cab Company:	Supervisor:
Missing Medallion Number:	Cab Number:
Lease Decal Number:	
Date Medallion was Lost/Stolen:	Time Medallion was Lost/Stolen:
Medallion Type: <u>24/7 COUNTY WIDE</u> <input type="checkbox"/> RED/BLACK <input type="checkbox"/> SPECIAL SERVICE (WHITE/RED) <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 STOLEN <input type="checkbox"/> MEDALLION DAMAGED	

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



Nevada Taxicab Authority

State of Nevada - Business and Industry

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 #:	Lease Decal #:
------------	----------------

--	--

Company Representative	Taxicab Authority Representative
------------------------	----------------------------------

Collision - Liability Language for Signer

I, _____, do hereby confirm that I am an authorized person designated by my company as a supervisor and/or a person responsible 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 damage to the taxicab that I am making an official report to Taxicab Authority Compliance Enforcement Division. I further understand that the Taxicab Authority may pursue legal action if I provide any untrue, misleading, or exaggerated statement.

I hereby swear and affirm that all the foregoing information, statements and answers are true, correct and complete to the best of my knowledge.

Signature _____ Date: _____

Print Name _____ Position _____