



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

1830 E. College Parkway, Suite 120
Carson City, Nevada 89706
Phone: (775) 684-2940 • Fax: (775) 684-2949
mhd.nv.gov

AFFIDAVIT OF NAME STATEMENT

Serial# _____ Size _____
Year _____ Manufacturer _____

A. Statement of one and the same person.
I declare that _____
and _____
are one and the same person.

B. Statement to correct misspelled name.
A name is incorrectly spelled on the Division's records. I request the records be corrected.
The correct spelling is: (PLEASE PRINT)

FIRST MIDDLE LAST

C. Change of name, individual only.
I have changed my name without items to defraud.
FROM:

TO: _____
The new name will be used in the future.

D. I/we wish my/our names(s) to appear on the Certificate of Ownership as follows:

I certify under penalty of perjury that the foregoing is true and correct. It is a gross misdemeanor to submit false information to the division.

SIGNATURE: _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned
(Notary Public Name)

Notary Public, on this _____ day of _____, 20____, _____,
by _____.
(Name of Person signing document)

Notary Public signature