



Report an ID Theft

Please read the following information before continuing:

Use this form to report identity theft to the Department of Motor Vehicles. You should also contact your local law enforcement agency to file a police report. For more information regarding identity theft, please visit the Nevada Identity Theft Program on the Attorney General's website at:

http://ag.nv.gov/Hot_Topics/Victims/IDTheft/

The Nevada DMV is not able to investigate cases of this nature that occurred more than 3 years ago.

By initialing this checkbox, I acknowledge that I have read and agree to the guidance above

My Information:

To ensure a complete and thorough investigation, your full name, address, social security number, driver's license and email are required to submit and process a fraud complaint.

Prefix: _____ Suffix: _____

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number ____ - ____ - _____ Driver's License # _____ State: _____

Physical address:

Street: _____ Suite/Unit # _____

City: _____ State: _____ Zip: _____ - _____

If your mailing address is different, please provide:

Street: _____ Suite/Unit # _____

City: _____ State: _____ Zip: _____ - _____

Phone: _____ Mobile Phone: _____ Email Address: _____

Fraud Details:

Please provide the fraud details below:

Did you authorize anyone to use your name or personal information to obtain any DMV license, registration, or service?

Yes No *If yes, please explain:*



My identification documents were: Stolen Lost Other _____

What documents were Lost, Stolen, or Other?

Driver's License Driver's Authorization Card Social Security Card
State ID Birth Certificate Other *Approximate date of occurrence:*

Do you know who used your information/documents to get DMV services in your name? Yes No

If yes, please provide the individuals information:

First Name: _____ Last Name: _____

Phone: _____ Mobile Phone: _____ Email: _____

Fraud Explanation:

Describe the fraud that occurred and how the person gained access to your information:

Document Attachments:

Please remember to attach copies of your supporting documents prior to sending this form to the DMV.

Attestation:

By checking this checkbox, I hereby attest that the information I provided is true, accurate and complete. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Signature of Complainant: _____ Date: _____

Forward the completed form with attachments to your local Compliance Enforcement Division office as listed below.

SOUTHERN NEVADA

Department of Motor Vehicles
Compliance Enforcement Division
8250 West Flamingo Road
Las Vegas, NV 89147

NORTHERN NEVADA

Department of Motor Vehicles
Compliance Enforcement Division
9155 Double Diamond Pkwy
Reno, NV 89521