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 Las Vegas area (702) 486-DMV (4368)
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NV LIVE Suspension Authorization Affidavit

TO BE COMPLETED BY THE REGISTERED OWNER

Please Print or Type

Full Legal Name of Registered Owners (as documented on the Nevada Certificate of Registration)

Registered Owner(s): _____
 First Middle Last DL/ID#

First Middle Last DL/ID#

Physical Address: _____
 Street City State Zip Code

Vehicle Identification Number

Year: _____ Make: _____ Nevada License Plate Number:

Current Nevada Insurance Information:

Insurance Company: _____ Policy#: _____ Eff. Date: _____ Term Date: _____

I declare that I have a valid lapse of Nevada insurance and agree to pay the required fines and fees to reinstate my vehicle registration. I have been sufficiently notified by the Department that my registration will be suspended and give the Department full authorization to place my vehicle registration into suspension in order to reinstate my registration. Should I withdraw my decision during the reinstatement process, after my vehicle has been placed into suspension; I understand that the registration suspension will not be reversed and I will remain in suspension until the required fines and fees are paid. In the future, I agree and acknowledge to cancel my vehicle registration before I cancel my insurance to avoid a penalty.

Registered Owners Signature: _____ Date: _____

Authorized Nevada Representative Signature: _____ Employee ID#: _____ Date: _____