



Central Services Division
555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Fax: (775) 684-4829
www.dmvnv.com

TWO YEAR AFFIDAVIT
(NRS 485.190)

Case Number: _____

Crash Date: _____

Driver License Number: _____

I hereby request the termination of the suspension of my driving and/or registration privilege in the State of Nevada, as provided for in the Motor Vehicle Insurance and Financial Responsibility Act, and in support of said request, I submit the following affidavit:

I, the undersigned, being first duly sworn, depose and state:

- 1. My driving and/or motor vehicle registration was/were suspended in connection with the crash described above.
2. Two years have elapsed following the date of the crash and during such period, no action at law has been instituted and is pending against me involving any claim for damages or injuries out of said crash.

Signature: _____

Mailing Address: _____

Signed and sworn to before me this

_____ day of _____ month _____ 20 _____ year

By _____

Notary Public or Authorized Nevada DMV Representative