



555 Wright Way
Carson City, Nevada 89711
NV LIVE: 775-684-4850
Fax: 775-684-4543
Driver's License: 775 684-4368
Fax: 775-684-4829
www.dmvnv.com

PROCESSING CENTER PAYMENT CARD AUTHORIZATION FORM

Name _____ Date _____
(Name as it appears on Registration or Driver License)

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN for businesses _____

Physical Address
Street / P.O. Box City State Zip Code

Mailing Address
Street / P.O. Box City State Zip Code

Telephone Number () _____

Select Payment Type: [] Master Card [] Visa [] Discover Card Payment Amount: \$ _____

Debit or Credit Card Number (one number per box)
[][][][] - [][][][] - [][][][] - [][][][]

Please Print or Type

Cardholder Information

Expiration Date

Cardholder's Printed Name _____

Cardholder's Telephone () _____ Cardholder's Zip Code _____

[][] / [][]
Month Year

I authorize the DMV to use my credit card to reinstate the registration / Driver License for: _____
Printed Name

Authorized Cardholder's Signature _____ Date _____

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

*I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized use of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

NV LIVE VEHICLE SUSPENSION:

If you did not have insurance during the specified dates and wish to pay the reinstatement fee/fine by credit card, complete the attached credit card form and return it with a current Nevada Evidence of Insurance and Declaration of Responsibility (NVL-019), by mail Attention DMV NV LIVE or fax to the number listed above*. (Please ensure form is faxed to the appropriate number listed above.)

License Plate Number: _____

Vehicle Identification # (VIN): _____

DRIVER'S LICENSE CLEARANCE LETTER-SR-22 WAIVER AFFIDAVIT:

Driver's License Number: _____
Initial EACH of the following as required for reinstatement of Driver's License when an SR-22 is mandatory:

- 1. I do not have a Nevada Driver's License - License will be surrendered.
2. I do not have any vehicles registered in the state of Nevada - Plates will be surrendered.

SIGNATURE: _____ DATE: _____