



NEVADA LIVE ADMINISTRATIVE AUTHORIZATION FORM
NRS 485.314

Please refer to the Nevada LIVE Manual Specifications for the Rules of Practice for more information regarding this form.

REPORTING INFORMATION

By what date will Web Services be available? The database DMV will connect to is maintained and controlled by the insurance company or a vendor.

Our company's policy format is (please indicate alpha (A), numeric (N), or either type of character (B).)

Grid for policy format input

INSURANCE COMPANY INFORMATION

Please type or print

Individual/Corporation Name

DBA Insurance Company Name

Physical Address Street City State Zip Code

Mailing Address Street City State Zip Code

Company NAIC # (only one company per form)

Administrative Contact: First MI Last

Address Street City State Zip Code

Telephone Number () Fax Number ()

Administrator's E-mail Address

Only one Information Technology Contact may be entered.

Information Technology Contact: First MI Last

Telephone Number () Fax Number ()

Information Technology Contact's E-mail Address

DMV Insurance Validation Postcards Mail to:

Name First MI Last

Address Street City State Zip Code

Telephone Number ()

ADD the following Authorization Contacts:

Name(s):

Telephone Number(s)

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REMOVE the following previously authorized contacts:

Name(s):

Telephone Number(s)

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In compliance with the Nevada LIVE Manual Specifications for the Rules of Practice, the insurance company identified in the Insurance Company Information must comply with:

1. Keep specifically the beginning, ending, and lapse dates on the database, see section 3.04 Response.
2. Confirmed policies must be written specifically for Nevada, see section 3.04 Response.
3. Databases must be updated keeping up with the real time verification, see section 3.01 Service Availability.

I declare the foregoing is true and correct and that I am the authorized person responsible for conducting business on behalf of the named insurance company. I further declare the registered owner information contained in queries shall not be kept in any form.

Company Name: _____

***Administrator's Signature** _____ **Date** _____

*Please note: When changing administrators, this form must be accompanied by a letter appointing the new administrator and signed by the company president or CEO.