



555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas area (702) 486-4DMV (4368)
dmvnv.com

PAYMENT AUTHORIZATION FORM

DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)

| | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|
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|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|

Expiration Date

Payment Type:

Master Card

Visa

Discover Card

| | | | | |
|--|--|---|--|--|
| | | / | | |
|--|--|---|--|--|

Month

Year

Cardholder Information

Printed Name _____

Print your name as it appears on your card

Payment _____

Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types.

Cardholder Billing Address _____

Street / P.O. Box

City

State

Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC

Number of the transaction being processed. _____

Telephone _____

Authorized Signature _____

Date _____

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

ADM-205 (Rev. 6/2019)

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 user 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.

Do not email this authorization form. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID _____

Last four of Card Number _____

Technician Number _____

Comments: _____

