



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)
Fax: (775) 684-4829
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