



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 Out of State (877) 368-7828
www.dmvnv.com

DECLARATION OF RESPONSIBILITY
NRS Chapters 485 and 482

I, _____, declare that, while this vehicle is registered in my name, I will
Printed Full Legal Name of registered owner accepting full responsibility
continuously provide in my name, security as required by NRS 485.185, either by a motor vehicle liability insurance policy or by
qualifying as a self-insurer in compliance with law. There is no grace period. NOTE: THE VEHICLE MUST BE INSURED BY
AN INSURANCE COMPANY LICENSED IN THE STATE OF NEVADA. The statement, "the coverage meets the requirements
set forth in NRS.485.185" must be included on the Nevada Evidence of Insurance card. Out-of-State insurance will not be
accepted. Trailers are exempt from insurance requirements.

In accordance with NRS Chapters 482 and 485, if the motor vehicle liability insurance on my registered vehicle lapses for one
day or more, I understand and agree that I will be required to pay all applicable registration reinstatement fees and fines. If the
motor vehicle liability insurance on my registered vehicle lapses for 91 days or more or is the third (3rd) offense, I understand
and agree that I will be required to pay all applicable registration reinstatement fees and fines, and I will be required to maintain
a Certificate of Financial Responsibility (SR-22 High Risk Insurance) for a period of not less than three years from the
registration reinstatement date. Additionally, if there is a third or subsequent lapse of vehicle liability insurance on the registered
vehicle, I understand and agree that my driver's license will be suspended for not less than 30 days; I will be required to pay all
applicable registration and driver's license reinstatement fees and or fines; and I will be required to maintain a Certificate of
Financial Responsibility (SR-22) for a period of not less than three years from the registration reinstatement date.

NEVADA LIVE REINSTATEMENT REQUIREMENTS

Table with 5 columns: Length of lapse, 1-30 Days, 31-90 Days, 91-180 Days, More Than 181 Days. Rows include 1st, 2nd, and 3rd offenses with associated fees and suspension periods.

NOTE: a \$1 technology has been associated to all fee and fine estimates.

Vehicle Identification Number [grid]
Year _____ Make _____ Model _____

Full Legal Name _____
First Middle Last

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

Physical Address _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

Telephone _____ E-mail _____

NOTE: It is a gross misdemeanor to use a false or fictitious name or address in this application for registration, or to
knowingly make a false statement or knowingly conceal a material fact or otherwise commit a fraud in this application.

Signature _____ Date _____
Registered Owner (or authorized person with POA)

State of _____ County of _____

Signed and sworn to before me on _____ by _____
Date Name of person making statement

Notary Stamp

Notary Public or Authorized DMV Representative