



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 ☐ ATM/Debit *    Payment Amount \$ _____
Payment Type: ☐ Credit ☐ Master Card ☐ Visa ☐ Discover Card

ATM/Debit or Credit Card Number (one number per box)

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Please Print or Type

Cardholder Information

Expiration Date

Cardholder's Printed Name _____

____ / ____

Month Year

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

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

Printed Name

Authorized Cardholder's Signature _____ Date _____

*I understand and agree that by checking "ATM/Debit" or "Credit" I am authorizing the DMV to debit or charge my account for the amount specified above. Further, I understand and agree that if an ATM/Debit transaction fails or is declined, I am authorizing the DMV to complete the transaction as a credit card charge, if possible.

NV LIVE VEHICLE SUSPENSION:

If you did not have insurance during the specified dates and wish to pay the \$250.00 reinstatement fee by credit card, complete the attached credit card form and return it with, current **Nevada Evidence of Insurance**, 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:** _____