

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) Rural Nevada or Outside Nevada (877) 368-7828 Fax: (775) 684-4829

www.dmvnv.com

## ONE YEAR DEFAULT AFFIDAVIT

(NRS 485,230)

(,	.5:250)
Driver's	s License Number:
	Date of Crash:
	Case #:
Da	te of last payment:
I, hereby request the termination of the suspension in the State of Nevada, as provided for in the Moto Act, and in support of said request. I submit the fo	or Vehicle Insurance and Financial Responsibility
, the undersigned, being first duly sworn, depose	and state:
That my driving privilege and/or motor v	vehicle registration was/were suspended on crash described above; and
That one year has elapsed following the date of by myself in regards to this case; and	f the last payment on the promissory note signed
That during this period no legal action has been any claim for damages or injuries arising out of	instituted and/or is pending against me involving this crash and/or case.
Signature:	
, and the second	
-	
Signed and sworn to before me this	
day of	20
day month	year
Ву	
Notary Public or Authorized Nevada DMV Representative	