



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)

Driver License Number _____

Mailing Address _____
Street / P.O. Box City State Zip Code

Telephone Number () _____

| | | | | | |
|---------------|--------------------------------------|--------------------------------------|-------------------------------|---|--|
| Select | <input type="checkbox"/> ATM/Debit * | | | | Payment Amount \$ _____ |
| Payment Type: | <input type="checkbox"/> Credit | <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover Card |

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

| | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|---|--|--|--|--|---|-----------------|--|--|--|---|--|--|--|--|
| | | | | - | | | | | - | | | | | - | | | | |
| Cardholder Information | | | | | | | | | | Expiration Date | | | | | | | | |

Please Print or Type
 Cardholder's Printed Name _____
 Cardholder's Telephone () _____ Cardholder's Zip Code _____
 Month / Year

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.

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| <p style="text-align: center;"><u>NV LIVE VEHICLE SUSPENSION:</u></p> <p>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.)</p> <p>License Plate Number: _____</p> <p>Vehicle Identification # (VIN): _____</p> | <p style="text-align: center;"><u>DRIVER'S LICENSE CLEARANCE LETTER-SR-22 WAIVER AFFIDAVIT:</u></p> <p>Driver's License Number: _____</p> <p>Initial EACH of the following as required for reinstatement of Driver's License when an SR-22 is mandatory:</p> <p>_____ 1. I do not have a Nevada Driver's License – License will be surrendered.</p> <p>_____ 2. I do not have any vehicles registered in the state of Nevada – Plates will be surrendered.</p> <p>SIGNATURE: _____ DATE: _____</p> |
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