



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](http://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's Printed Name \_\_\_\_\_  
 Cardholder's Telephone ( ) \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_  
 Expiration Date [ ] [ ] / [ ] [ ]  
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.

<p><b>NV LIVE VEHICLE SUSPENSION:</b></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 <b>Nevada Evidence of Insurance</b>, by mail Attention DMV NV LIVE or fax to the number listed above*. <b>(Please ensure form is faxed to the appropriate number listed above.)</b></p> <p>License Plate Number: _____</p> <p>Vehicle Identification # (VIN): _____</p>	<p><b>DRIVER'S LICENSE CLEARANCE LETTER-SR-22 WAIVER AFFIDAVIT:</b></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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