



Nevada LIVE  
 Department Of Motor Vehicles  
 555 Wright Way  
 Carson City, NV 89711-0800  
 Telephone (775) 684-4850  
 Fax (775) 684-4543  
[NvLiveReporting@dmv.nv.gov](mailto:NvLiveReporting@dmv.nv.gov)

## GROUP A – WEB AVAILABILITY NOTIFICATION

### NRS 485.313

*Please type or print*

### Insurance Company Information

Individual/Corporation Name \_\_\_\_\_

DBA Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Company NAIC # (only one company per form) \_\_\_\_\_

**History** – Does your web service contain a minimum of six (6) months history?  Yes  No

### TYPE OF NOTIFICATION

Routine Maintenance Notification       Special Maintenance Notification       Unplanned Service Failure

### COMPLETE ONLY THE SECTION AS SELECTED ABOVE FOR EACH FORM

**1. Maintenance Schedule** – Normal routine maintenance occurs every  week,  month, or  other \_\_\_\_\_.

Web services will not be available on \_\_\_\_\_ (day), during these time frames: \_\_\_\_\_ (beginning time) to \_\_\_\_\_ (ending time.) Select Time Zone:  Pacific  Mountain  Central  Eastern

**2. Special Maintenance Schedule** must be submitted via fax or email to Nevada LIVE at least two business days **before** the planned maintenance.

Web services will not be available on \_\_\_\_\_ (date), during these time frames: \_\_\_\_\_ (beginning time) to \_\_\_\_\_ (ending time.) Select Time Zone:  Pacific  Mountain  Central  Eastern

**3. Unplanned Service Failure:** If your system is temporarily unavailable, please e-mail or fax this form **immediately**. Please let us know via an email message as soon as your system becomes available. Approximate time and date of system failure: \_\_\_\_\_ Select Time Zone:  Pacific  Mountain  Central  Eastern

**Important: IT contact's signature and contact information are required.** Please return this form to the address, fax, or email (if scanned with signature) listed above.

Information Technology Contact: \_\_\_\_\_  
First MI Last

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Information Technology Contact's E-mail Address: \_\_\_\_\_