Nevada LIVE
Department Of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0800
Telephone (775) 684-4850
Fax (775) 684-4543
DMVIVPReporting@dmv.state.nv.us

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

☐ Routine Maintenance Notification ☐ Special Maintenance Notification ☐ Service Temporarily Unavailable

COMPLETE ONLY **ONE** SECTION PER 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.)

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.)

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: _____

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: _____