



ATTN: OHV SECTION
 555 Wright Way
 Carson City, NV 89711
 (775) 684-4381
 Fax: (775) 684-4369
www.ohv.nv.gov

Payment Type: Master Card Visa Discover Card Payment Amount \$ _____

Debit or Credit Card Number (one number per box)

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Please Print or Type

Cardholder Information

Expiration Date

Printed Name _____
Print your name as it appears on your card

		/		
<small>Month</small>			<small>Year</small>	

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

Plate/Driver Lic./Bus. Lic./Records/MC Number _____ Telephone () _____
 of the transaction being processed.

Authorized Signature _____ Date _____
By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

OHV 013 (Rev. 5/2017) I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

*Printed form is 3.5" x 7.5"