



## Report an ID Theft

***Please read the following information before continuing:***

Use this form to report identity theft to the Department of Motor Vehicles. You should also contact your local law enforcement agency to file a police report. For more information regarding identity theft, please visit the Nevada Identity Theft Program on the Attorney General's website at: [http://ag.nv.gov/Hot\\_Topics/Victims/IDTheft/](http://ag.nv.gov/Hot_Topics/Victims/IDTheft/)

***The Nevada DMV is not able to investigate cases of this nature that occurred more than 3 years ago.***

***By initialing this checkbox, I acknowledge that I have read and agree to the guidance above***

### **My Information:**

To ensure a complete and thorough investigation, your full name, social security number, date of birth, driver's license number, address, and email are required (\*) to submit and process a fraud complaint.

Prefix:      \*First Name:      Middle Name:      \*Last Name      Suffix

\*Date of Birth:

☐ NFN

Phone (at least one phone number is required)

Mobile Phone (at least one phone number is required)

\*Email Address

\*Confirm Email Address

\*Social Security Number

\*Driver's License Number/ID Number

\*State of Issuance

### ***Physical Address:***

\*Street

Apartment/Unit #

\*City

\*State

\*Zip

***If your mailing address is different, please provide:***

\*Street

Apartment/Unit #

\*City

\*State

\*Zip



**Fraud Details:**

*Did you authorize anyone to use your name or personal information to obtain my DMV license, registrations, or service?*

Yes      No      *If yes, please explain:*

My identification documents were: Stolen      Lost      Other:

What documents were Lost, Stolen, or Other?

Driver's License	Driver's Authorization Card <input type="checkbox"/>	Social Security Card <input type="checkbox"/>
State ID	Birth Certificate <input type="checkbox"/>	Other <input type="checkbox"/>

*Approximate date of occurrence:*

Do you know who used your information/documents to get DMV services in your name? Yes ☐ No ☐

If yes, please provide the individuals information:

First Name:      Last Name:

Phone Number:      Mobile Number:      Email:

**Fraud Explanation:**

*Describe the fraud that occurred and how the person gained access to your information:*

**Document Attachments:**

*Please remember to attach copies of your supporting documents prior to sending this form to the DMV*

**Attestation:**

☐ *By checking this checkbox, I hereby attest that the information I provided is true, accurate and complete. I understand that any falsification, omissions, or concealment of material fact may subject me to administrative, civil, or criminal liability.*

Signature of Complainant:

Date:

***Forward the completed form with attachments to your local Compliance Enforcement Division office as listed below.***

**Southern Nevada**

Department of Motor Vehicles  
Compliance Enforcement Division  
8250 West Flamingo Road  
Las Vegas, NV 89147

**Northern Nevada**

Department of Motor Vehicles  
Compliance Enforcement Division  
9155 Double Diamond Pkwy  
Reno, NV 89521