Jim Gibbons
Governor

Edgar J. Roberts
Director

Central Services and Records Division
555 Wright Way
Carson City, Nevada 89711-0250
(775) 684-4590
www.dmvnv.com

Letter of Authorization to Release Information

I, _____, hereby authorize Nevada Department of Motor Vehicles to release information pertaining to my: (NRS 481.063)

- ❒ Driver's License
  - Drivers License Number | | | | | | | | | | | |
- ❒ Registration
  - Vehicle ID Number | | | | | | | | | | | | | | | | | |
- ❒ Title
  - Vehicle ID Number | | | | | | | | | | | | | | | | | |
- ❒ Vehicle Insurance Information
  - Vehicle ID Number | | | | | | | | | | | | | | | | | |

Per my authorization, release the above information to:_____

Owner of Record:

Signature:_____Date:_____

Signed and sworn to before me this

_____ day of _____, (20 __)

By _____

_____
NOTARY Public or Authorized Nevada DMV Representative