



555 Wright Way  
 Carson City, Nevada 89711  
 Insurance Verification Program: 775-684-4850  
 Fax: 775-684-4543  
 Driver's License: 775 684-4368  
 Fax: 775-684-4543  
[www.dmvnv.com](http://www.dmvnv.com)

## PROCESSING CENTER PAYMENT CARD AUTHORIZATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Name as it appears on Registration or Driver License)

Driver License Number \_\_\_\_\_

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

Telephone Number ( ) \_\_\_\_\_

Select	<input type="checkbox"/> ATM/Debit *				Payment Amount \$ _____
Payment Type:	<input type="checkbox"/> Credit	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card

ATM/Debit or Credit Card Number (one number per box)

				-					-					-				
<i>Please Print or Type</i>										Cardholder Information					Expiration Date			

Cardholder's Printed Name \_\_\_\_\_

Cardholder's Telephone ( ) \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_

		/		
Month			Year	

**I authorize the DMV to use my credit card to reinstate the registration / Driver License for:** \_\_\_\_\_  
Printed Name

Authorized Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*I understand and agree that by checking "ATM/Debit" or "Credit" I am authorizing the DMV to debit or charge my account for the amount specified above. Further, I understand and agree that if an ATM/Debit transaction fails or is declined, I am authorizing the DMV to complete the transaction as a credit card charge, if possible.

<p style="text-align: center;"><b><u>INSURANCE VERIFICATION:</u></b></p> <p>If you did not have insurance during the specified dates and wish to pay the \$250.00 reinstatement fee by credit card, complete the attached credit card form and return it with, <b>Current Nevada Proof of Insurance</b>, by mail Attention DMV/Insurance Verification or fax to the number listed above*. <b>(Please ensure form is faxed to the appropriate number listed above.)</b></p> <p><b>License Plate Number:</b> _____</p> <p><b>Vehicle Identification # (VIN):</b> _____</p>	<p style="text-align: center;"><b><u>DRIVER'S LICENSE CLEARANCE LETTER-SR-22 WAIVER AFFIDAVIT:</u></b></p> <p><b>Driver's License Number:</b> _____</p> <p><b>Initial EACH</b> of the following as required for reinstatement of Driver's License when an SR-22 is mandatory:</p> <p>_____ 1. I do not have a Nevada Driver's License – License will be surrendered.</p> <p>_____ 2. I do not have any vehicles registered in the state of Nevada – Plates will be surrendered.</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p>
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