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NV LIVE: 775-684-4850 Fax: 775-684-4543

Driver's License: 775 684-4368 Fax: 775-684-4829

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## PROCESSING CENTER PAYMENT CARD AUTHORIZATION FORM Name Date (Name as it appears on Registration or Driver License) Nevada Driver's License. Identification Card Number, Date of Birth, or FEIN for businesses Physical Address Street / P.O. Box Citv State Zip Code Mailing Address Street / P.O. Box State Zip Code Telephone Number Select ATM/Debit \* Payment Amount \$ Payment Type: Credit **Master Card** Visa Discover Card ATM/Debit or Credit Card Number (one number per box) Cardholder Information **Expiration Date** Please Print or Type Cardholder's Printed Name Month Year Cardholder's Telephone Cardholder's Zip Code 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. **DRIVER'S LICENSE CLEARANCE LETTER-SR-22 WAIVER AFFIDAVIT: NV LIVE VEHICLE SUSPENSION:** If you did not have insurance during the specified dates and wish to pay the **Driver's License Number:** \$250.00 reinstatement fee by credit card, complete the attached credit card Initial EACH of the following as required for reinstatement of Driver's License form and return it with, current Nevada Evidence of Insurance, by mail when an SR-22 is mandatory: Attention DMV NV LIVE or fax to the number listed above\*. (Please ensure 1. I do not have a Nevada Driver's License – License will be form is faxed to the appropriate number listed above.) surrendered. 2. I do not have any vehicles registered in the state of Nevada License Plate Number: Plates will be surrendered. Vehicle Identification # (VIN): SIGNATURE: DATE: