



EXTENUATING CIRCUMSTANCES AFFIDAVIT

NRS 485.317

REQUIREMENTS: To reinstate vehicle registration privileges, documents must be presented to a full-service DMV office, NV LIVE or the County Assessor's office in rural locations.

1. Present original receipts and/or documentation to verify circumstance and time frames.
2. Present Nevada evidence of insurance
3. Affidavit must be completed in full and notarized or witnessed by an authorized DMV Representative.

Please Print or Type

Registered Owner _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN for businesses _____

Registered Owner _____
First Middle Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN for businesses _____

Physical Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Vehicle Identification Number

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Year _____ Make _____ Nevada License Plate Number

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The described vehicle was not operated from _____ to _____
Month/Day/Year Month/Day/Year

Check appropriate box, provide explanation, original receipts and/or documentation to verify circumstance and time frames.

- ☐ Hospitalization
☐ Illness
☐ Death in Family
☐ Other extenuating circumstances beyond the control of the registered owner

Explanation: _____

I understand to receive consideration for the reduction or waiver of the reinstatement fee; I am presenting documentation to cover the time frame that I/we did not have Nevada vehicle liability insurance. I declare under penalty of perjury that the foregoing is true and correct and the vehicle was not driven by **any** party during this time frame. The Department will not rescind the suspension of the registration of a motor vehicle without the payment of a fee on the ground of extenuating circumstances for a registered owner more than once.

Signature _____ Date _____

State of _____ County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Date Name of person making statement

Notary Stamp

Notary Public or Authorized DMV Representative

For Departmental Use

☐ Approved ☐ Denied Comments _____ Amount \$ _____

Supervisor _____ Date _____