



ONE YEAR DEFAULT AFFIDAVIT
NRS 485.230

DRIVERS LICENSE NUMBER
DATE OF ACCIDENT
CASE #
DATE OF LAST PAYMENT

I, hereby request the termination of the suspension of my driving privilege and/or vehicle registration in the State of Nevada, as provided for in the Motor Vehicle Insurance and Financial Responsibility Act, and in support of said request. I submit the following affidavit:

I, the undersigned, being first duly sworn, depose and state:

That my driving privilege and/or motor vehicle registration was/were suspended on
in connection with the accident describes above; and

That one year has elapsed following the date of the last payment on the promissory note signed by myself regarding this case; and

That during this period no legal action has been instituted and/or is pending against me involving any claim for damages or injuries arising out of this accident and/or case.

NAME

MAILING ADDRESS

State of, County of,

Signed and sworn to before me on Date

By: Signature of Affiant

Notary Stamp

Notary Public or Authorized Nevada DMV Representative