New Mexico Taxation & Revenue Department, Motor Vehicle Division



AFFIDAVIT OF NON-USE OF VEHICLE (or)



AFFIDAVIT OF OUT-OF-STATE VEHICLE INSURANCE

	Owne	er Informat	ion						
Name (last, first, middle initial)					Date of	Date of Birth			
Address					Phone N	Phone Number			
City, State, ZIP Code Driver's					License Number and State				
	Vehic	le Informat	tion						
Make	Model					Year			
Plate Number	Vehicle Identificat	Lei Identification Number (VIN)							
	Non-U	se Informa	tion			1			
The vehicle identified abo deployment, mechanical From: ** The NON-USE portion of this affidav ** A new Affidavit of Non-Use of Vehic	issues, and storag	je or seasonal u To: For a maximum	n of ONE Y	e enter antic	cipated no	n-use dat			
Out-of-State Information									
MINIMUM MANDATORY LIABILITY LIMITS § 66-5-208: \$25,000 Bodily injury or death of one person in any one accident \$50,000 Bodily injury or death of two or more persons in one accident \$10,000 Destruction of property of others in any one accident Please initial box I currently have insurance coverage in compliance with the New Mexico Mandatory Financial Responsibility Act, §§ 66-5-201 through 66-5-239 NMSA 1978.									
Insurance Company	Policy Number								
Phone Number		Effe	ctive Dates			to			
Note: You MUST attach a copy of a current insurance card and declaration page containing liability limits. ** The OUT-OF-STATE portion of this affidavit is only valid during the effective dates of your insurance policy. ** A new Affidavit of Out-of-State Vehicle Insurance MUST be completed each time the policy renews. Affirmation									
I swear or affirm under penalty of perj Printed Name	ury that the abo	ove statements	s are true	and correct					
Signature				Date					
 A new affidavit must be completed every tim Vehicles registered and operated in New of the New Mexico Mandatory Financial Bona fide New Mexico residency is required. 	w Mexico MUST ha Responsibility Ac	ave insurance c t, §§ 66-5-201	overage that through 66	at meets the -5-239 NMS	minimum	n liability r	equire	ments	
Please return COMPLETED affidavit and AL Mail to: PO Box 339 I For more int	-	86-9998	OR FA	X to: 330-6	55-7012	tion Datak	base (I	IDB).	