

STATE OF NEW MEXICO – MOTOR VEHICLE DIVISION



AFFIDAVIT OF NON-USE OF VEHICLE
or
AFFIDAVIT OF OUT-OF-STATE VEHICLE INSURANCE

OWNER INFORMATION

NAME _____			
LAST	FIRST	MI	
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	Ph.one # _____
DATE OF BIRTH _____		DRIVER LICENSE NUMBER and STATE _____	

VEHICLE INFORMATION

MAKE _____	MODEL _____	YEAR _____
VIN _____	PLATE NO. _____	

Non-Use (You Must Initial Applicable Boxes)

- VEHICLE IS IN STORAGE.
- VEHICLE IS MECHANICALLY INCAPABLE OF BEING DRIVEN OR IS UNSAFE TO DRIVE AND WILL NOT BE DRIVEN UNTIL THESE CONDITIONS ARE CORRECTED.
- VEHICLE IS NOT BEING OPERATED BY THE OWNER AND THE OWNER SHALL NOT PERMIT ANY OTHER PERSON TO OPERATE THE VEHICLE DURING THE FOLLOWING TIME PERIOD:
FROM _____ TO _____

Out-of-State Insurance (You Must Initial Box)

- I AM A RESIDENT OF NEW MEXICO TEMPORARILY RESIDING OUTSIDE OF NEW MEXICO AND HAVE PURCHASED INSURANCE FOR THE ABOVE VEHICLE FROM A COMPANY LOCATED IN THE STATE IN WHICH I AM TEMPORARILY RESIDING.
PLEASE ATTACH PROOF OF TEMPORARY OUT-OF-STATE RESIDENCY: (i.e. Student Identification Card, Utility Bill, etc.)
- I CURRENTLY HAVE INSURANCE COVERAGE IN COMPLIANCE WITH THE NEW MEXICO MANDATORY FINANCIAL RESPONSIBILITY ACT § 66-5-201 thru 66-5-239.
INSURANCE COMPANY _____ POLICY NUMBER _____
PHONE NUMBER: _____ EFFECTIVE DATES _____ TO _____
YOU MUST ATTACH PROOF OF OUT OF STATE INSURANCE FOR VERIFICATION.

ISWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

PRINTED NAME _____

SIGNATURE _____ DATE _____

- ***An affidavit must be completed every time a vehicle status changes or at the minimum, annually.***
- ***Vehicles owned and operated by a New Mexico resident, MUST have insurance coverage meeting the minimum liability requirements of New Mexico.***
- ***You may receive a letter from the New Mexico Insurance Identification Database (IIDB) requiring insurance compliance with the Mandatory Financial Responsibility Act. If you receive a letter please call the IIDB at the number listed below.***

Please return this form to the New Mexico Insurance Identification Database (IIDB) at: P.O. Box 9700, Albuquerque, NM 87119-9700. For more information please call the IIDB toll free at: 1-866-891-0665.