THIS DOCOUMENT IS FOR INSURANCE COMPANY/AGENCY USE ONLY

INSTRUCTIONS TO COMPLETE LETTER OF VERIFICATION:

- 1. Insurance Agents/Companies can download sample letter of verification.
- 2. The Letter of Verification <u>must</u> be printed on agency/company letterhead.
- 3. Fill in requested information (if not properly completed we cannot accept letter).
- 4. Either mail the completed letter to the Department of Motor Vehicles (address is already on form) or fax to (402) 471-8288.
- 5. If you fax the letter, you or your insured will need to contact this office at (402) 471-3985 to confirm the letter of verification was received and completed properly allow at least 30 minutes from the time the letter was faxed.
- 6. If you mail the letter have your insured allow sufficient mail time to receive letter of clearance. If they do not receive letter, they should contact this office at (402) 471-3985.
- 7. Inform your insured that if the letter of verification is properly completed, the accident suspension will be withdrawn from their driving record and a letter of clearance will be mailed to them (providing there are no other open suspensions/revocations on their driving record) this is an overnight process.

(DATE)			
(DATE)			
DEPARTMENT OF MOTOR VE FINANCIAL RESPONSIBILITY PO BOX 94877 LINCOLN NE 68509 4877			
RE: Letter of Verificati	on		
NAME OF DRIVER:			
DATE OF BIRTH:			
MAILING ADDRESS:			
VEHICLE DESCRIPTION:	YEAR:	MAKE:	
	MODEL:	VIN:	
ACCIDENT LOCATION:			
Attention: Accident Violation Recommendation The purpose of this letter is to compose of Motor Vehicles for the above follows:	nfirm liability ins		
Name of Insurance Company:			
Policy Number:			
Policy Holder:			
Permissible Driver (circle one):	YES		NO
Date of Loss/Accident:			
The insurance information listed a in this accident and the damages taken care of.	-	•	
Signature (required):			
Title (required):			