MVD-11268
REV. 10/06

STATE OF NEW MEXICO – MOTOR VEHICLE DIVISION

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

OWNER INFORMATION — MANDATORY

NAME_____
LAST FIRST MI
ADDRESS_____

CITY_____ STATE_____ ZIP_____ PHONE #_____

DATE OF BIRTH _____DRIVER LICENSE NUMBER and STATE _____

VEHICLE INFORMATION — MANDATORY

MAKE _____MODEL _____YEAR _____

VIN _____PLATE NO._____

NON-USE INFORMATION — OPTION 1

(Please Initial Box)

☐ The vehicle is not being operated for any reason including but not limited to: MILITARY DEPLOYMENT, MECHANICAL ISSUES, and STORAGE OR SEASONAL USAGE. Please enter anticipated NON-USE dates below:

FROM_____TO_____

***** The NON-USE portion of the affidavit is only valid for a maximum of ONE YEAR.***
***** A new affidavit MUST be completed each year that the vehicle will not be driven.***

OUT-OF-STATE INFORMATION — OPTION 2

MANDATORY LIABILITY LIMITS § 66-5-208:
$25,000 Bodily Injury per one person in one accident.
$50,000 Bodily Injury per additional one person in one accident.
$10,000 Destruction of property of others in any one accident.

(Please Initial Box)

☐ I CURRENTLY HAVE INSURANCE COVERAGE IN COMPLAINCE WITH THE NEW MEXICO MANDATORY FINANCIAL RESPONSIBILITY ACT § 66-5-201 thru 66-5-239.

INSURANCE COMPANY_____POLICY #_____

PHONE #_____ EFFECTIVE 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 the affidavit is only valid during the effective dates of your insurance policy.***
***** A new affidavit MUST be completed each time the policy renews.***

AFFIRMATION — MANDATORY

I SWEAR 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 registered and operated in New Mexico MUST have insurance coverage meeting the minimum liability requirements of the New Mexico Mandatory Financial Responsibility Act § 66-5-201 thru 66-5-239.*
- *You may receive a letter from the (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 **COMPLETED** affidavit and **ALL** required documentation to the New Mexico Insurance Identification Database (IIDB).

MAIL TO: PO BOX 9700
ALBUQUERQUE, NM 87119-9700

OR

FAX TO: 1-505-243-6605

For more information please call the IIDB toll free at 1-866-891-0665.