



APPLICATION FOR COMMERCIAL DRIVING PRIVILEGES

ORIGINAL RENEWAL DUPLICATE LEARNER PERMIT

Information in boxes **MUST** be completed prior to visiting a DMV representative. Please **PRINT** in black or blue ink only.

LICENSE OR PERMIT <input type="checkbox"/> Real ID <input type="checkbox"/> Standard	CLASSIFICATION <input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class B <input type="checkbox"/> Class M	ENDORSEMENTS (SEE REVERSE SIDE FOR DESCRIPTIONS) CDL <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X NCDL <input type="checkbox"/> G <input type="checkbox"/> J
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CHANGE TO INFORMATION ON CARD: NAME ADDRESS DATE OF BIRTH SOCIAL SECURITY NUMBER SEX

LAST NAME (PRINT)	FIRST NAME	MIDDLE NAME	SUFFIX	NEVADA DL/DAC/ID NUMBER
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	FULL LEGAL NAME ON BIRTH CERTIFICATE	BIRTHPLACE (CITY & STATE OR COUNTRY)
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SEX (CIRCLE) M F	HEIGHT ____ FT. ____ IN.	WEIGHT ____ LBS.	HAIR COLOR	EYE COLOR	MOTHER'S MAIDEN NAME
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DO NOT SCAN MY BIRTH CERTIFICATE Check box to place mailing address on the front of card (For Standard or DAC only)

PRIMARY PHYSICAL ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
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CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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DAYTIME PHONE NUMBER (OPTIONAL) ()	EMAIL ADDRESS (OPTIONAL)
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VOTER REGISTRATION OR ADDRESS CHANGE

Pursuant to federal law, you may register to vote through the DMV. If you are not registered in Nevada or if you would like to make an update to a current Nevada voter registration, you may register to vote or update your current registration by completing the additional information on page 3, including the signature box.

Subject to the explanation provided below regarding a move to a different county, any change to address information will be sent to the County Clerk/Registrar's Office for voter registration purposes unless you check this box: I do not want my address change updated for voter registration purposes.

Did you move to a different county? Yes No If "yes," all sections on page 3 of this application must be completed for the new county to process your updated voter registration.

VETERAN	1	I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained on my license. <i>If your card does not already have a veteran designation, present proof of honorable discharge.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? By checking yes, I authorize the DMV to send my personal information to the Department of Veterans Services to provide benefits information to me.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SELECTIVE SERVICE

If you are a male at least 18-26 yrs. old and do not check the box below, you will be registering for Selective Service. You will remain eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, citizenship in the United States. I do not want to register for the Selective Service.

ORGAN DONOR

Would you like to be an organ donor and have that indicated on your license or identification card?
 Yes, I wish to be an organ donor or No, I do not wish to be an organ donor at this time.

If you are at least 16 and less than 18 years old, a parent or guardian may sign the affidavit to ensure your wishes are followed.

Would you like to donate \$1 or more to the anatomical gift account? If so, how much? \$ _____

In the past ten (10) years, I have held a driver's license in these states: _____

Have you ever had a driver's license or identification card in another name ? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNDER WHAT NAME WAS IT ISSUED?
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Have you ever had a driver's license or identification card in another state ? <input type="checkbox"/> YES <input type="checkbox"/> NO	What state? _____
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Is the card in your possession? YES NO License No. _____ Class/Type _____ Expiration Date _____

Has your driving privilege ever been revoked, suspended, canceled or denied? YES NO

If yes, State _____ Date _____ Reason _____

Do you have any disability, illness, missing extremity, or take any medication that could affect your driving ability? YES NO

If yes, please explain _____

If you wish, some medical conditions may be indicated on your CDL. Form DLD7 must be completed by your physician.

DRIVER SELF-CERTIFICATION (NAC 483 & 49 CFR 383.71)	
Choose one: <input type="checkbox"/> INTERSTATE – May operate inside or outside Nevada <input type="checkbox"/> INTRASTATE – Restricted to operating within the borders of Nevada	Choose one: <input type="checkbox"/> EXCEPTED – Medical Examination NOT Required <input type="checkbox"/> NON-EXCEPTED – Medical Examination Required

ENDORSEMENTS (Learner Permits may only contain a P, N and/or S Endorsement)	
G	Operate an autonomous vehicle in autonomous mode. Must also complete form DP-019 "Autonomous Vehicle Endorsement Application."
J	In Class C vehicle, may tow a vehicle (GVWR) or a combination of vehicles (GCWR) of more than 10,000 pounds. The combination of vehicles may not exceed 70 feet in length or have a combined weight rating or a combined weight that exceeds 26,000 lbs. If the combination of the towing vehicle and the towed vehicle(s) exceeds 26,000 lbs., a Class A license is required.
H	Hazardous Material (HME) – Operate a vehicle transporting hazardous materials requiring placarding as defined by USDOT regulations. A Transportation Security Administration (TSA) background check is required before an HME endorsement is issued.
N	Tank – Operate a vehicle designed to transport any liquid or gaseous materials within a tank or tanks having an individual rate capacity of more than 119 gallons and an aggregate rated capacity of 1,000 gallons or more that is permanently or temporarily attached to the vehicle or chassis
P	Passenger – Operate a vehicle designed to transport 16 or more occupants, including the driver
S	School Bus – Operate a school bus
T	Doubles/Triples – Operate a vehicle referred to as a double or a triple
X	Combined Tanker and Hazmat – Issued to a driver who qualifies for both tankers and hazardous materials (N and H endorsements)

Affidavits and Signatures Must be Witnessed by an Authorized DMV Representative

AFFIDAVIT	INITIAL
<p>LEARNER PERMIT</p> <p>I, the undersigned, do hereby certify that I understand my learner permit is valid for up to 180 days from date of issuance and I must carry it with me when I am driving. I understand the restrictions on my permit and agree to follow them.</p>	
<p>DISCLOSURE STATEMENTS</p> <ul style="list-style-type: none"> The Privacy Act of 1974 is a federal law that authorizes use of your Social Security Number to verify identity. You are required to submit your Social Security Number so the state may administer laws related to licensing drivers (NRS 483.290). The driver's license application you are submitting will cause any driving record from your previous state to be transferred to Nevada. Due to your change of residency, the license or identification card in your previous state will show as surrendered. NRS 482.385 requires you to register each vehicle you own and operate now or within 30 days of becoming a resident. A CDL holder may not hold a Medical Marijuana Patient ID card. 	

I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I understand that any and all other driver's licenses or identification cards issued by any other jurisdiction will be surrendered upon issuance of a Nevada license or identification card. I agree and understand that any misstatement of material facts may cause cancellation and/or denial of my license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand that any misstatement of facts may be a misdemeanor or felony under NRS 483.530 and may be punishable pursuant to NRS 193.130. I acknowledge that if I sign the voter registration portion on page 3 of this application, such shall constitute, pursuant to NRS 481.063 (2), a written request and release for the DMV to send personal information here recorded to the County Clerk/Registrar for voter registration purposes. Applying to register or declining to register to vote will not affect the amount of assistance I will be provided by this agency.

Applicant Signature _____ Date _____

Sworn Before Me This _____ Day of _____, 20_____

Authorized DMV Representative _____ Tech ID _____

Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once signed.

Vision Acuity: Left Both Right With OR Without Correction: 20/___ 20/___ 20/___ PDPS/CDLIS: <input type="checkbox"/> Clear <input type="checkbox"/> Hit W/D:___ Cites:___ <input type="checkbox"/> 2 nd Hit State:_____ DLN:_____	Office Use Only <input type="checkbox"/> Written <input type="checkbox"/> Drive Score(s) _____	Ind. ID # _____ MEC Exp Date _____ TSA Exp Date _____ Restrictions _____						
Docs / Notes: _____ _____ _____		<table style="width: 100%;"> <tr> <td style="width: 50%;">Document Validation:</td> <td style="width: 50%;">Issuance:</td> </tr> <tr> <td>2nd Validation Completed</td> <td><input type="checkbox"/> Initial <input type="checkbox"/> Renewal</td> </tr> <tr> <td>Tech # and Initials: _____</td> <td><input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer</td> </tr> </table>	Document Validation:	Issuance:	2 nd Validation Completed	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	Tech # and Initials: _____	<input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer
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Tech # and Initials: _____	<input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer							



**SECRETARY OF STATE
STATE OF NEVADA
VOTER REGISTRATION APPLICATION**

Application No. _____

If you decline to register to vote, that fact will remain confidential and will be used only for voter registration purposes. If you choose to register to vote, the office at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.

BOXES 1, 2 AND 7 MUST BE COMPLETED TO REGISTER TO VOTE. This signature box is only for voter registration purposes.

BOX 3 - DO NOT WRITE IN THIS BOX. The DMV will electronically print your address and other required information that you entered on page 1 of this application.

BOX 6 - PARTY REGISTRATION. Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 9 - ASSISTING IN THE COMPLETION OF THIS FORM. If you are assisting a person to register to vote, you must complete Box 9. **FAILURE TO DO SO IS A FELONY.**

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

**WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000
USE BLACK INK — PLEASE PRINT CLEARLY**

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or over on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, do not complete this form.	2	Check boxes that apply and complete items 4-9 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change
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3	DO NOT WRITE IN THIS BOX
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4	Telephone No. (Optional)	5	E-mail Address (Optional)
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6	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Nonpartisan (no party affiliation) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other – Write In Below _____	7	I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct." <p align="center">SIGNATURE OF APPLICANT (REQUIRED)</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>↓ This signature box is only for Voter Registration Purposes ↓</p> <div style="border: 2px solid lightblue; width: 150px; height: 50px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>DATE (REQUIRED)</p> <p>↓ ↓</p> <p>____/____/____</p> <p>MM/DD/YYYY</p> </div> </div>
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8	Your name and residence address where you were last registered to vote (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)
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9	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.
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Name	Mailing Address	City/State/Zip Code	Signature
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Signatures must be originals. Photocopies not acceptable.

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE AREA BELOW.			
DATE STAMP	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	CANCELLED INACTIVE PRECINCT	APPLICATION NO. RECEIVED BY: