

## Application for Alternate Address

This application is used to request an alternate Nevada physical address be printed on the face of a driver's license or identification card pursuant to Chapter 483 of NRS. This application must be approved by a DMV representative and additional documents may be requested to support this application.

Applicant Information			
Full Legal Name		DL/ID Number	
Actual Residential Address	City	State	Zip
Mailing Address if Different	City	State	Zip
Agency (If applicable)	Badge, Agency ID or Court Order Number (If applicable)		

I, \_\_\_\_\_, do hereby certify that I am:

- Justice or judge in this State
- Senior justice or senior judge in this State
- Court appointed master in this State
- Clerk of a court, court administrator or court executive officer in this State
- District attorney or attorney employed by the district attorney who, as part of his or her normal job, prosecutes persons for:
  - (a) Crimes that are punishable as category A felonies; or
  - (b) Domestic violence.
- State or county public defender who as part of his or her normal job responsibilities defends persons for:
  - (a) Crimes that are punishable as category A felonies; or
  - (b) Domestic violence.
- Peace Officer as defined by NRS 289.150 to NRS 289.360, inclusive
- Retired Peace Officer as defined by NRS 289.150 to NRS 289.360, inclusive
- \*Spouse, domestic partner or minor child of a person with a previously mentioned position or title
- \*\***Surviving** spouse, domestic partner or minor child of a person with a previously mentioned position or title, who was killed in the performance of their duties.
- Authorized to suppress my residential address by state or federal law or a court order (copy must be provided)

Requested Alternate Address: \_\_\_\_\_  
A Post Office Box will not be permitted. A Peace Officer's alternate address must be the street address of his or her employer.

<b>Person of Authority</b> is defined as someone who is authorized to verify employment for the above named individual.	
*If you are a spouse, domestic partner, or minor child, the below portion must be completed by the individual to whom you are related that qualifies for the alternate address.	
**If you are a <b>surviving</b> spouse, domestic partner, or minor child, the below portion must be completed by someone who can validate the decedent's employment that qualifies you for the alternate address.	
Printed Full Legal Name	Title
Address of Agency	Agency
	Agency Phone Number
Signature	Badge, Agency ID or Court Order Number

I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under NRS 483.530, and may be punishable pursuant to NRS 193.130.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date