



555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
Fax (775) 684-4797
www.dmvnv.com

EXPEDITED SERVICE PERMIT APPLICATION

NRS426.441

Nevada law allows for issuance of an Expedited Service Permit for individuals with a permanent (irreversible) disability. This permit entitles a person to expedited service from any officer or employee of a State agency providing public services. The Expedited Service Permit is valid for 10 years from date of issuance.

Original and duplicate application for an Expedited Service Permit must be made in person.

Original Application Duplicate or Change Renewal

Please Print or Type

Full Legal Name (Disabled Person)

First Middle Last

Nevada Driver's License or Identification Card Number Date of Birth / /

Physical Address Address City State Zip Code

Mailing Address Address City State Zip Code

County of Residence Telephone No. Email Address

I currently have Disabled License Plate number I currently have Disabled Placard(s) number(s):

I understand that it is unlawful for any individual other than myself to use or attempt to use this Expedited Service Permit and that a person who violates this provision is guilty of a misdemeanor.

Signature of Applicant Date

Fees for original, duplicate, or renewal: 65 years of age or older - \$8.25
Under 18 years of age - \$7.25
All others - \$13.25
New photograph, change of name or both - \$8.25
There has been a \$1.00 Technology fee associated to each transaction.

A LICENSED PHYSICIAN MUST COMPLETE THIS PORTION

Do not complete this section for renewal or duplicate if you have previously provided the Nevada Department of Motor Vehicles with a physician's certificate indicating an irreversible condition.

As a physician for the above-named patient, I hereby certify that the applicant:

- 1. Cannot walk two hundred feet without stopping to rest
2. Cannot walk without the use of a brace, cane, crutch, wheelchair, or other device or another person
3. Has a cardiac condition to the extent that functional limitations are classified as a Class III or Class IV according to standards adopted by the American Heart Association
4. Is restricted by a lung disease
5. Is severely limited in his/her ability to walk because of an arthritic, neurological, or orthopedic condition
6. Has a disability that affects vision
7. Uses portable oxygen

I further certify that my patient's condition is a:

Permanent Disability (irreversible, permanently disabled in his/her ability to walk, certification is valid indefinitely)

Physician's Name First Middle Last

Mailing Address Address City State Zip Code

Physician's License No. Telephone No.

Physician's Signature Date