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Carson City, NV 89711
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Las Vegas Area (702) 486-4DMV (4368)
dmvnv.com

dmvnv.com
"Driving Nevada"

Application For Approval To Drive With Bioptic Lenses

Driver

Name _____

Date of Birth _____ Social Security Number _____

Mailing Address _____

Have you ever been licensed in a state other than Nevada? ☐ Yes ☐ No

If Yes, State? _____ DL No. _____ Exp. Date _____

Applicant Signature _____ Date _____

Licensed Vision Specialist

Static acuity through the telescopic portion of the devise _____

	Right	Left	Both
Best corrected vision through the carrier lens	20 /	20 /	20 /

Field of vision _____ degrees Is the condition **stable** or **progressive** (circle one)

The following license restrictions are required for drivers who wear bioptic lenses:

- Corrective Lenses
- Daylight driving only
- Yearly vision examination
- Bioptic telescopic lenses
- Outside mirrors on both sides of vehicle
- Speed not to exceed 45 m.p.h.
- Yearly driving examination

Do you recommend any additional driving restriction? _____

Physician's Signature _____ Date _____

For Department Use Only

Yes	No	
☐	☐	Drive history record checked. State _____ Comments _____
☐	☐	Vision meets standards Comments _____
☐	☐	Approved to continue with licensing process Comments _____

DMV Representative Signature _____ Date _____