



APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

ORIGINAL RENEWAL DUPLICATE INSTRUCTION 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 <input type="checkbox"/> Driver Authorization Card		CLASSIFICATION <input type="checkbox"/> Class C <input type="checkbox"/> Class A <input type="checkbox"/> Class M <input type="checkbox"/> Class B		ENDORSEMENTS <input type="checkbox"/> J <input type="checkbox"/> G <input type="checkbox"/> F		IDENTIFICATION CARD <input type="checkbox"/> Real ID <input type="checkbox"/> Standard <input type="checkbox"/> Seasonal Resident	
CHANGE TO INFORMATION ON CARD: <input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> SEX							
LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME		SUFFIX	NEVADA DL/DAC/ID NUMBER
SOCIAL SECURITY NUMBER (not required for DAC)		DATE OF BIRTH	FULL LEGAL NAME ON BIRTH CERTIFICATE			BIRTHPLACE (CITY & STATE OR COUNTRY)	
SEX (CIRCLE) M F	HEIGHT _____ FT. _____ IN.	WEIGHT _____ LBS.	HAIR COLOR	EYE COLOR		MOTHER'S MAIDEN NAME	
<input type="checkbox"/> DO NOT SCAN MY BIRTH CERTIFICATE				<input type="checkbox"/> 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)			
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE			
DAYTIME PHONE NUMBER (OPTIONAL) ()				EMAIL ADDRESS (OPTIONAL)			
VOTER REGISTRATION OR ADDRESS CHANGE	Pursuant to federal law, you may register to vote through the DMV. If you have not previously registered to vote in Nevada or if you would like to make an update to a current Nevada voter registration, you may do so by completing the additional information on page 3 of this application, 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: <input type="checkbox"/> I do not want my address change updated for voter registration purposes.						
	Did you move to a different county? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes, I wish to be an organ donor or <input type="checkbox"/> 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? \$ _____						
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?			
Have you ever had a driver's license or identification card in another state ? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the card in your possession? <input type="checkbox"/> YES <input type="checkbox"/> NO License No. _____ Class/Type _____ Expiration Date _____				What state(s)? _____			
Has your driving privilege ever been revoked, suspended, canceled or denied? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, State _____ Date _____ Reason _____							
Do you have any disability, illness, missing extremity, or take any medication that could affect your driving ability? If yes, please explain _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you wish, some medical conditions may be indicated on your DL/DAC/ID. Form DLD7 must be completed by your physician.</i>							

PLEASE BE SURE TO COMPLETE ALL PAGES

Affidavits and Signatures Must be Witnessed by an Authorized DMV Representative

AFFIDAVIT	INITIAL
<p>CONSENT FOR MINOR'S LICENSE I, the undersigned, do hereby consent to the issuance of an instruction permit/license to _____, whose relationship to me is _____. I understand that I can be held responsible for any liability caused by his/her negligence or willful misconduct in the operation of a motor vehicle (NRS 483.300 and/or NRS 486.101). I understand that I may have the permit/license cancelled and be released from liability by signing a cancellation request at a DMV Field Services Office. I also understand that before a license is issued, the minor may need to present a DMV-301 Certification of Attendance, a Certificate of Completion from a Nevada DMV-approved Driver Education Course, and a DLD-130 Beginning Driver Experience Log to the DMV attesting he/she has completed at least 50 hours of behind-the-wheel driving experience.</p>	
<p>INSTRUCTION PERMIT I, the undersigned, do hereby certify that I understand my instruction permit is valid for up to one (1) year 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>MINOR ORGAN DONOR I, parent/guardian of minor applicant, understand that unless the anatomical gift is amended or revoked by the donor before his/her death, I may not amend or revoke the anatomical gift. _____ Signature</p>	
<p>NON-USE OF NEVADA DRIVING PRIVILEGE I, the undersigned, do hereby certify that I have not operated any motor vehicle since _____. Date</p>	
<p>NO SOCIAL SECURITY NUMBER I, the undersigned, do hereby certify that I have never been assigned a Social Security Number under the provisions of the Social Security Act of the United States.</p>	
<p>DISCLOSURE STATEMENTS 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 or identification card 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</p>	

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 _____

Parent/Guardian Signature if Applicant is Under 18 _____ DL/DAC/ID No. _____

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.

OFFICE USE ONLY			
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: _____	Individual ID # _____	<input type="checkbox"/> Written Reinstatement Info _____
		<input type="checkbox"/> Drive	Restrictions _____
Docs / Notes:	Score(s): _____		



**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
3	DO NOT WRITE IN THIS BOX		
4	Telephone No. (Optional)	5	E-mail Address (Optional)
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." <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ↓ SIGNATURE OF APPLICANT (REQUIRED) This signature box is only for Voter Registration Purposes <div style="border: 2px solid blue; width: 150px; height: 50px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> ↓ DATE (REQUIRED) <div style="text-align: center; margin-top: 10px;"> ↓ ↓ (MM / DD / YYYY) </div> </div> </div>
8	Your name and residence address where you were last registered to vote (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)		
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.		
Name		Mailing Address	
		City/State/Zip Code	
		Signature	

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:
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