



APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

ORIGINAL RENEWAL DUPLICATE ADDRESS CHANGE INSTRUCTION PERMIT CHANGE

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"/> F		IDENTIFICATION CARD <input type="checkbox"/> Real ID <input type="checkbox"/> Standard <input type="checkbox"/> Seasonal Resident	
LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	SUFFIX	NEVADA DL/DAC/ID NUMBER	
SOCIAL SECURITY NUMBER (Except DAC)		DATE OF BIRTH	FULL LEGAL NAME ON BIRTH CERTIFICATE			BIRTHPLACE (STATE <u>AND</u> COUNTRY)	
SEX (CIRCLE 1) M F X	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"/> YES, print my mailing address on the front of my card (Except Real ID)			
PRIMARY PHYSICAL ADDRESS (PRINCIPAL RESIDENCE)				MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)			
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE			
DAYTIME PHONE NUMBER (OPTIONAL) ()				EMAIL ADDRESS (OPTIONAL)			
CITIZEN	Are you a United States citizen?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOTER REGISTRATION	Are you 18 years or older?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you currently 17 and would like to preregister? You will be able to vote when you turn 18.					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If you are eligible, you will be registered to vote or have your voter registration updated. If you want to choose a political party or opt-out of registering to vote, we will give you a form at the end of your transaction today. Unless you opt-out, we will send your information to your County Clerk/Registrar. If you had a felony conviction, you are eligible to vote on release from prison. Your choice to register to vote or not and the place where you register are confidential and will not affect the assistance or services provided to you by the DMV. Nevada Revised Statute Chapter 293.						
	Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA). If applicable, check one of the following: <input type="checkbox"/> Domestic Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Citizen residing outside the U.S. (not applicable to those traveling/vacationing outside the U.S.)						
ORGAN DONOR	Would you like to be an organ donor and have that indicated on your license or identification card?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If you would you like to donate \$1 or more to the anatomical gift account, indicate how much here: \$ _____						
DRIVING HISTORY	Have you <u>ever</u> had a driver's license or identification card in another <u>name</u> ?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, under what name was it issued?						
	Have you <u>ever</u> had a driver's license or identification card in another <u>state</u> ?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, list all states you have ever had a driver's license or identification card: _____						
	License #:		Class/Type:		Expiration Date:		
	Has your driving privilege <u>ever</u> been revoked, suspended, canceled or denied?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, from which state(s):		Date:		Reason:		
MEDICAL HISTORY	Do you have a disability or missing extremity?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Do you have any illness or take any medication that could affect your driving ability?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If you answered YES to either question, please explain: NOTE: Some medical conditions may be indicated on your DL/DAC/ID. Form DLD7 must be completed by a physician.						

OFFICE USE ONLY	Individual ID #:	Drive	Written:
Vision Acuity Correction	Reinstatement Info: _____		
With OR Without	Restrictions: _____		
LEFT BOTH RIGHT 20/___ 20/___ 20/___	PDPS/CDLIS: CLEAR	HIT W/D: _____	CITES: _____ 2 nd HIT
	State: _____	DLN: _____	
Docs/Notes: _____ _____ _____ _____			

→ TURN OVER →

SELECTIVE SERVICE	If you were born male and are 18-26 yrs old, you will be registered for Selective Service. If you are eligible but choose NO, you will no longer be eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, U.S citizenship.	<input type="checkbox"/> NO , I am not eligible or do not wish to register
VETERAN	1 I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained on my license. If your card does not already have a veteran designation, you must present proof of honorable discharge.	<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?	<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

STOP	
You will fill this out with the DMV Representative so they can witness your signature	
CONSENT FOR MINOR'S LICENSE: I consent to the issuance of an instruction permit/license to _____, whose relationship to me is _____. I understand 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 I may have the permit/license cancelled & be released from liability by signing a cancellation request. I understand, before a license is issued, he/she may need to present a DMV-301 Certification of Attendance, a Certificate of Completion from a Nevada DMV-approved Driver Education Course, & a DLD-130 Beginning Driver Experience Log attesting he/she has completed at least 50 hours of behind-the-wheel driving experience.	Initial _____
INSTRUCTION PERMIT: I 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 of my permit and agree to follow them.	Initial _____
MINOR ORGAN DONOR: I, parent/guardian of minor applicant, understand unless the anatomical gift is amended or revoked by the donor before his/her death, I may not amend or revoke the anatomical gift.	Parent/Guardian Signature _____
NON-USE OF NEVADA DRIVING PRIVILEGE: I have not operated a motor vehicle since: _____ Date	Initial _____
NO SOCIAL SECURITY NUMBER: I certify I have never been assigned a Social Security Number under the provisions of the Social Security Act of the United States.	Initial _____
DISCLOSURE STATEMENTS: *The Privacy Act of 1974 is a federal law authorizing the 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 and will show as surrendered. NRS 482.385 requires you to register each vehicle you own and operate within 30 days of becoming a resident.	
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.	
Applicant Signature _____ Date _____	
Parent/Guardian Signature if Applicant is under 18 _____ DL/ID _____	
Sworn before me this _____ Day of _____ 20_____	
Authorized DMV Representative/Notary Public _____	
Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once signed.	