

DMV APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

dmv.nv.com
"Driving Nevada"

ORIGINAL RENEWAL DUPLICATE ADDRESS CHANGE 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"/> 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 (CITY/STATE <u>OR</u> COUNTRY)		
SEX (CIRCLE ONE) 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)			
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
SELECTIVE SERVICE	If you were born male and are at least 18-26 yrs. old and DO NOT check the box, 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"/> NO, I am not eligible or do not wish to register	
ORGAN DONOR	Would you like to be an organ donor and have that indicated on your license or identification card? Would you like to donate \$1 or more to the anatomical gift account? If so, how much \$ _____					<input type="checkbox"/> YES, I wish to be an organ donor <input type="checkbox"/> NO, I do not wish to be an organ donor	
DRIVING HISTORY	Have you ever had a driver's license or identification card in another name ? If yes, under what name was it issued?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Have you ever had a driver's license or identification card in another state ? If yes, list all States you have ever had a driver's license or identification card: _____ License #: _____ Class/Type: _____ Expiration Date: _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Has your driving privilege ever been revoked, suspended, canceled or denied? If yes, from which State(s): _____ Date: _____ Reason: _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	
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 Vision Acuity Correction With OR Without LEFT BOTH RIGHT 20/___ 20/___ 20/___	Individual ID #:	Drive	Written:
	Reinstatement Info: _____		
	Restrictions: _____		
	PDPS/CDLIS: CLEAR HIT W/D: _____ CITES: _____ 2 nd HIT State: _____ DLN: _____		
Docs/Notes: _____ _____ _____ _____			

VOTER REGISTRATION	<p>Unless you decline in writing, federal and state laws require this DMV transaction to serve as an application to register to vote or update existing voter registration information and authorizes the transmission of information to the applicable election officials. You may decline to use this transaction for voter registration on a form provided at the end of this transaction.</p> <p>A voter registration record must indicate a major political party in order to vote for candidates in a primary election. You may indicate your political party on the form provided at the end of this transaction.</p> <p>Note: A new voter registration record will default to "nonpartisan" (no political party) unless a political party is indicated on the form provided at the end of this transaction.</p> <p>Your decision to apply, update or decline to use this transaction for voter registration will not affect the assistance or services provided. Both the source of your information and decision to apply, update or decline to register to vote will remain confidential and will only be used for voter registration purposes.</p> <p>Voter registration may impact the following groups:</p> <ul style="list-style-type: none"> • <i>Uniformed Service Members</i> should note changes to home of record for voting, and impacts on residency and/or tax status. • <i>Confidential Voters</i> might need to take additional action to prevent disclosure of public information. • <i>Voting Rights</i> are immediately restored for all felony convictions upon release from prison.
	<p>Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Will you be 18 years or over on or before Election Day? <input type="checkbox"/> YES <input type="checkbox"/> NO → If No, are you 17 and would like to preregister? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>If applicable, check one of the following:</p> <p><input type="checkbox"/> Domestic Military (or military spouse or dependent) on active duty and absent from Nevada voting residence</p> <p><input type="checkbox"/> Overseas Military (or military spouse or dependent) on active duty and absent from Nevada voting residence</p> <p><input type="checkbox"/> Overseas Citizen residing outside the U.S. (not applicable to those traveling/vacationing outside the U.S.)</p>

STOP

Affidavits and Signatures Must Be Witnessed by an Authorized DMV Representative

<p>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.</p>	
<p>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.</p>	Initial _____
<p>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.</p>	Parent/Guardian Signature _____
<p>NON-USE OF NEVADA DRIVING PRIVILEGE: I have not operated a motor vehicle since: _____ Date</p>	Initial _____
<p>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.</p>	Initial _____
<p>DISCLOSURE STATEMENTS:</p> <p>*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).</p> <p>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.</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.

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.