



# 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.

<b>LICENSE OR PERMIT</b> <input type="checkbox"/> Real ID <input type="checkbox"/> Standard <input type="checkbox"/> Driver Authorization Card		<b>CLASSIFICATION</b> <input type="checkbox"/> Class C <input type="checkbox"/> Class A <input type="checkbox"/> Class M <input type="checkbox"/> Class B		<b>ENDORSEMENTS</b> <input type="checkbox"/> J <input type="checkbox"/> F		<b>IDENTIFICATION CARD</b> <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)			
<b>CITIZEN</b>	Are you a United States citizen?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>VOTER REGISTRATION</b>	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 meet eligibility criteria, your voter registration will be transmitted to the Secretary of State (SoS). You will receive a notification from the county registrar allowing you to select a political party or opt-out. For more information regarding voter registration contact your local County Registrar or go to the SoS website: <a href="http://nvsos.gov/sos/elections">nvsos.gov/sos/elections</a> . 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. (NRS 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.)						
<b>ORGAN DONOR</b>	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: \$ _____							
<b>DRIVING HISTORY</b>	Have you <b>ever</b> had a driver's license or identification card in another <b>name</b> ? If yes, under what name was it issued?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Have you <b>ever</b> had a driver's license or identification card in another <b>state</b> ? 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 <b>ever</b> been revoked, suspended, canceled, or denied? If yes, from which state(s): _____ Date: _____ Reason: _____					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>MEDICAL HISTORY</b>	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.						
	Do you have an identified communications need?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, do you want a communications need indicator on your DL/DAC/ID? <input type="checkbox"/> YES <input type="checkbox"/> NO							

<b>OFFICE USE ONLY</b>	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 <sup>nd</sup> HIT
	State: _____	DLN: _____	
Docs/Notes: _____ _____ _____			

→ TURN OVER →  
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<b>SELECTIVE SERVICE</b>	If you were born male and are at least 18 years of age but less than 26 years of age, 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"/> <b>NO</b> , I am not eligible or do not wish to register
<b>VETERAN</b>	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"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
	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"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
	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"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
	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"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

**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.**