



Field Services Division
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 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada (877) 368-7828
 Fax: (775) 684-4992
 Website: www.dmvnv.com

NON-COMMERCIAL DRIVER LICENSE APPLICATION

Driver License Identification Card International Student
 Instruction Permit Seasonal Resident I.D. Card International Instructor

(Please print in black or blue ink only) Daytime Telephone Number _____

Full Name _____

Last _____ First _____ Middle _____ Suffix (Jr., Sr.) _____
 Social Security No. _____ - _____ - _____ Date of Birth _____ Male Female
 Height _____ ft _____ in Weight _____ lbs Hair _____ Eyes _____
 Name on Birth Certificate if different than above _____
 Birthplace _____ State/Country _____ Mother's Maiden Name _____
 Mailing Address _____
 Street / P.O. Box _____ Apt. # _____ City _____ State _____ Zip _____ County _____
 Residential Address _____
 Street _____ Apt. # _____ City _____ State _____ Zip _____ County _____
 Declaration of Change: Name Date of Birth Social Security Number
 From _____ To _____
 From _____ To _____

Please check the boxes for the vehicles you will drive

NON-COMMERCIAL CLASS/TYPE	ENDORSEMENTS
<p>A <input type="checkbox"/> Combination of vehicles with a GCWR 26,001 lbs or more; if trailer GVWR is over 10,000 lbs; or combination of vehicles not exceeding 70 feet in length with a GCWR of 26,000 pounds or less so long as the GCWR of the towed vehicles does not exceed the GVWR of the towing vehicle 1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____ 2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____</p>	<p>J <input type="checkbox"/> Class C vehicle may tow a vehicle over 10,000 lbs GVWR WT _____ Init. _____ DT _____ Init. _____ WT _____ Init. _____ DT _____ Init. _____</p>
<p>B <input type="checkbox"/> Single vehicle GVWR 26,001 lbs or more; may tow vehicle under 10,000 lbs 1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____ 2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____</p>	<p>R <input type="checkbox"/> Class C vehicle may tow a combination of vehicles less than 10,000 WT _____ Init. _____ DT _____ Init. _____ WT _____ Init. _____ DT _____ Init. _____</p>
<p>C <input type="checkbox"/> Cars, vans, pickups; may tow a vehicle under 10,000 lbs; combination may not exceed 70 feet in length 1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____ 2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____</p>	<p>F <input type="checkbox"/> COMMERCIAL LICENSE EXEMPT FOR: FIREFIGHTERS – While operating emergency equipment FARMERS – employees or family while transporting supplies within 150 miles to and from the farm, if not: - employed as a common or contract motor carrier, or - transporting placarded amounts of hazardous materials Air Brakes Test Score: _____ Tech. Init. _____</p>
<p>M <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped 1st Test: WT _____ Tech. Init. _____ 1st Test: DT _____ Tech. Init. _____ 2nd Test: WT _____ Tech. Init. _____ 2nd Test: DT _____ Tech. Init. _____</p>	

PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Social Security Number _____ Incomplete _____

Documents Shown _____

Reinstatement Information: _____

Transaction: ORIG DUP REN RS END TL RL Change: Name DOB SSN Add
 Class: A B C M Endorsements: J R F Restrictions: A C D I M N O X Other _____
 License Surrendered: Yes No State _____ ID Card Surrendered: Yes No State _____
 Vision: Left Both Right
 Acuity With Correction: 20/ 20/ 20/
 Acuity Without Correction: 20/ 20/ 20/
 Organ Donor: Yes No Anatomical Gift Donation: Yes No Amount \$ _____ Veteran: Yes No
 Motor Voter: Yes No Voter No. _____ Commercial Sales: Yes No
 Test Required: Written Drive Ind. ID # _____
 PDPS: Clear Hit State _____ DLN _____ Init. _____ Empl. ID _____

- | | | Yes | No |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you currently have, or have you ever been issued in the past, a Nevada driver license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a driver license or identification card in another state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ License Number _____ Class/Type _____ Expiration Date _____ | | | |
| 3. Have you ever had a driver license or identification card in another name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ Name _____ | | | |
| 4. Has your driving privilege ever been revoked, suspended, canceled or denied? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ Date _____ Reason _____ | | | |
| 5. Have you had any moving violations in the last four years? If Yes, how many? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted of driving under the influence of alcohol/drugs in the last seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any disabilities, illnesses or take any medication that could affect your driving ability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, disabilities/illnesses/medications _____ | | | |
| 8. Have you ever been diagnosed with <input type="checkbox"/> Epilepsy or <input type="checkbox"/> Insulin Dependent Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, would you like a colored frame around your photograph as indication for law enforcement? If so, a physician's statement indicating this diagnosis is required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like to be an organ donor and have that information indicated on your license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would you like to make a donation of \$1 or more to the anatomical gift account? If Yes, how much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Would you like to register to vote or make changes to your current voter registration? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, you will need to complete a separate Voter Registration Application. | | | |
| 12. Would you like your name and address released for commercial sales? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Would you like to declare yourself a veteran of the Armed Forces of the United States? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STOP - Affidavits and signatures must be witnessed by an authorized DMV Representative or Notary Public - STOP

- AFFIDAVIT – 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.
- AFFIDAVIT – NON-USE OF NEVADA DRIVING PRIVILEGE:** I, the undersigned, do hereby certify that I have not operated any motor vehicle since (date) _____.
- AFFIDAVIT – CONSENT FOR MINOR'S LICENSE:** I, the undersigned, do hereby consent to the issuance of an instruction permit/driver 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 I may have the permit/license cancelled and be released from liability by signing a cancellation request at a Field Services Office.
- I also understand that before a license is issued she/he may need to present a Certificate of Completion from an approved Driver Education Course and that I will need to sign and submit a form to the department attesting that she/he has completed at least 50 hours of behind-the-wheel driving experience.
- AFFIDAVIT – INSTRUCTION PERMIT:** I, the undersigned, do hereby certify that I understand my instruction permit is valid for up to one (1) year and I must carry it with me when I am driving. I understand the restrictions on my permit and agree to follow them.

- CLASS A, B & C INSTRUCTION PERMIT (Passenger car/pickup truck)**
- When driving I must be accompanied by a licensed driver who:
1. Is 21 years of age or older; and
 2. Has at least one year of licensed driver experience; and
 3. Is seated beside me

- CLASS M OR M-Z INSTRUCTION PERMIT (Motorcycle or moped)**
1. I may only drive during daylight hours;
 2. I may not drive on limited access streets or highways;
 3. I must be in direct vision supervision of a licensed motorcycle driver at all times who is 21 years of age or older; and
 4. I may not carry passengers

DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security Number for the purpose of verifying your identity. This number must be given and will be used in the administration of driver license laws as required by NRS 483.290.

I hereby certify that all statements in this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand 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

Social Security Number

Parent/Guardian Signature

License No. or Identification No.

SUBSCRIBED AND SWORN to before me this _____

Authorized DMV Representative Signature and Tech No.

Day of _____ 20 _____

Notary Stamp

Notary Signature _____