



- (Choose One)**
- Driver's License Instruction Permit
 - Identification Card Seasonal Resident ID Card
 - Driver Authorization Card (DAC) (Eff. 1/1/14)
 - Information Change (Select Option Below)

DRIVER'S LICENSE, DRIVER AUTHORIZATION CARD or IDENTIFICATION CARD APPLICATION

Information in boxes MUST be completed prior to visiting a DMV representative. Please PRINT in black or blue ink only.

Last Name	First Name	Middle Name	Suffix
Date of Birth	Nevada DL/DAC/ID Number	Social Security Number (not required for DAC)	
<input type="checkbox"/> Male <input type="checkbox"/> Female Height _____ ft. _____ in. Weight _____ lbs. Hair Color _____ Eye Color _____			
Change to Information on Card: <input type="checkbox"/> Name <input type="checkbox"/> Date of Birth <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address <input type="checkbox"/> Gender			
Daytime Phone Number (____) _____		E-mail Address _____	

Full Legal Name on Birth Certificate _____
 Birthplace _____ State/Country _____ Mother's Maiden Name _____
 Primary Physical Address _____
 Street Apt. # City State Zip County
 Mailing Address _____
 Street / P.O. Box Apt. # City State Zip County

Voter Address Change

If you are a U.S. citizen and already registered to vote in Nevada, this form will update your voter registration information. **Did you move to a different county?** Yes No *If yes, you must also submit a NEW voter registration application.*
 I **do** or I **do not** want my address updated for voter registration purposes.

Please check boxes for all the vehicles you will drive (NAC 483.110)

GVWR = Gross Vehicle Weight Rating		GCWR = Gross Combination Weight Rating
C <input type="checkbox"/>		Any single vehicle less than 26,001 pounds GVWR or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. The holder of a Class C license may not drive a combination of vehicles exceeding 70 feet in length or have a combined weight rating or a combined weight that exceeds 26,000 lbs. If the combination of the towing vehicle and the towed vehicle(s) exceeds 26,000 lbs., a Class A license is required.
B <input type="checkbox"/>		Any single vehicle with a GVWR of 26,001 lbs. or more, or any such vehicle towing another vehicle which does not have a GVWR of more than 10,000 lbs. (Holder of a Class B license may operate all Class C vehicles with the appropriate endorsement.)
A <input type="checkbox"/>		Any combination of vehicles with a GCWR of 26,001 lbs. or more if the GVWR of the trailing vehicle is more than 10,000 pounds. (Holders of a Class A license may operate all Class B and C vehicles with the appropriate endorsements.) A combination of vehicles may not exceed 70 feet in length.
M <input type="checkbox"/>		<input type="checkbox"/> Motorcycle - May drive a motorcycle, trimobile or moped (NRS 486.041) <input type="checkbox"/> Moped (NRS 486.038 applies to mopeds only)

ENDORSEMENTS

J <input type="checkbox"/>	In a Class C vehicle, you may tow a vehicle or combination of vehicles with a GVWR or GCWR, as appropriate, of more than 10,000 pounds. The combination of vehicles may not exceed 70 feet in length or have a combined weight rating or a combined weight that exceeds 26,000 lbs. If the combination of the towing vehicle and the towed vehicle(s) exceeds 26,000 lbs., a Class A license is required.	
G <input type="checkbox"/>	May operate an autonomous vehicle in autonomous mode. You must also complete a DP019 Autonomous Vehicle Endorsement application.	
F <input type="checkbox"/>	COMMERCIAL LICENSE EXEMPT FOR: FIREFIGHTERS – Operates emergency equipment MILITARY – Operates a commercial vehicle for military purposes	FARM – Employees or family that transports supplies within 150 miles to or from a farm, if not used: – As a common or contract motor carrier; or – To transport placarded amounts of hazardous materials

For Office Use Only

Documents Shown: _____ Ind. ID # _____
 _____ DL/DAC/ID #: _____ Exp: _____
 Test Required: Written Drive Reinstatement Info _____ Restrictions: _____
 PDPS/CLDIS Clear Hit State _____ DLN _____ Vision Acuity: Left Both Right
 W/D: _____ Cites: _____ 2nd Hit State _____ DLN _____ With OR Without Correction: 20/ 20/ 20/

ALL APPLICANTS MUST COMPLETE THIS SECTION

Yes No

- 1. Have you ever had a driver's license or identification card in another name? (If yes, complete question 1a).....
(1a) Under what name was it issued? _____
2. Have you ever had a driver's license or identification card in another state? (If yes, complete question 2a).....
(2a) Do you have the card in your possession?
State _____ License Number _____ Class/Type _____ Expiration Date _____

NOTE: The driver's license or identification card application you're 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. **Initial:** _____

- 3. Has your driving privilege ever been revoked, suspended, canceled or denied?.....
If yes, State _____ Date _____ Reason _____
4. Do you have any disabilities, illnesses, missing extremities, or take any medication that could affect your driving ability?.....
If yes, please explain _____
If you wish, some medical conditions may be indicated on your DL/DAC/ID. Form DLD7 must be completed by your physician.
5. Would you like to be an organ donor and have that information indicated on your license or identification card?.....

NOTE: If you are at least 16 and under 18 years old, a parent or guardian may sign the affidavit below to ensure your wishes are followed.

- 6. Would you like to make a donation of \$1 or more to the anatomical gift account? If yes, how much?.....
7. Would you like to register to vote or make changes to your current voter registration other than your address?
If yes, complete a separate Voter Registration Application. Application Number: _____
8. Would you like to declare yourself an honorably discharged veteran of the Armed Forces of the United States?.....
(Eff. 1/1/14) If so, your personal information will be electronically transmitted to the NV Office of Veterans Services.
(Eff. 1/1/14) If you are an honorably discharged U.S. veteran, would you like a veteran's indicator placed on your license? ..
If so, please provide a copy of your DD-214, "Discharge Papers & Separation Status."
9. If you are a male at least 18 years of age and less than 26 years old, would you like to register with the Selective Service? .
By registering, 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. **If YES, please initial here:** _____



Affidavits and Signatures Must Be Witnessed by an Authorized DMV Representative



Initial

AFFIDAVIT – 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 Certificate of Completion from a Nevada DMV-approved Driver Education Course and I need to sign and submit a DLD-130, Beginning Driver Experience Log, to the DMV attesting that he/she 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 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.

AFFIDAVIT – 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

AFFIDAVIT – NON-USE OF NEVADA DRIVING PRIVILEGE: I, the undersigned, do hereby certify that I have not operated any motor vehicle since (date) _____.

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.

DISCLOSURE STATEMENT

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 that the state may administer laws related to licensing drivers (NRS 483.290).

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 license 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/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 it is signed.