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dmv.nv.gov

Application for Driving Privilege or ID Card By Mail

NRS 483.347, NRS 483.383-483.384, NAC 483.456-483.4595

DUPLICATE DL or ID – only check this box if this application is being submitted to request a duplicate of a current DL/ID, otherwise this application will be accepted as a renewal request.

Nevada residents who meet all Department requirements may use this form to apply for a driver's license renewal or duplicate by mail. **Only one renewal may be completed by mail in consecutive renewal periods.** If you are unsure about your eligibility to renew by mail, please contact the Driver's License Renewal by Mail Section at one of the above telephone numbers before submitting your application.

If you are no longer a resident of Nevada, surrender your Nevada driver's license to the Department of Motor Vehicles in the state where you now reside and apply for a driver's license in that state.

Complete this form and mail it to the DMV address noted above with the appropriate fees in the form of a check, money order or debit/credit card authorization (form [ADM205](#). Do NOT send cash. Fees are outlined on the DMV website at <http://www.dmv.nv.gov/dlfees.htm>.

US Government employees, active-duty military, or dependents of such persons who wish to renew their license must submit a copy of an employment or military record (leave/earnings statement) indicating Nevada as your state of residence. Active-duty military personnel are not subject to late penalty fees for a driver's license expired over 30 days and are eligible to renew by mail up to 2 years after expiration. Please contact us for eligibility requirements.

LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	SUFFIX	NEVADA DL/DAC/ID NUMBER
DATE OF BIRTH		FULL LEGAL NAME ON BIRTH CERTIFICATE			PLACE OF BIRTH (STATE <u>AND</u> COUNTRY)	
SEX (CIRCLE ONE) M F X	HEIGHT FT. IN.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	MOTHER'S MAIDEN NAME	
<input type="checkbox"/> YES, print my mailing address on the front of my card (Except Real ID) – Driver License and ID Card only						
PRIMARY PHYSICAL ADDRESS (PRINCIPAL RESIDENCE)				MAILING ADDRESS (WHERE YOU WANT YOUR CARD MAILED)		
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
SELECTIVE SERVICE	If you were born male and are at least 18 years of age but less than 26 years of age, 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
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
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	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.					
	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/ID?					<input type="checkbox"/> YES <input type="checkbox"/> NO

Automatic Voter Registration Section

ALL APPLICANTS MUST COMPLETE SECTION 1

SECTION 1

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 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: nvsos.gov/sos/elections . 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)	
	If applicable, check one of the following: (The Uniformed and Overseas Citizens Absentee Voting Act) <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.)	
	If you are active-duty military residing outside of Nevada and you do not have an active Nevada physical address, indicate which County you would like your voter registration information to be forwarded to. COUNTY: _____	
	Voter registration applications are also available in Spanish and Tagalog and can be found on the DMV website: https://dmv.nv.gov	

All Automatic Voter Registration submissions will be transmitted to the SoS for processing. You will be mailed a notification from the county registrar to select a party affiliation or opt-out.

If you are already registered to vote in Nevada, then your current political party preference will not change. NRS 293.5762 **

<p>I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I attest that I am a legal resident of Nevada. I understand that any misstatement of facts on this application may cause the cancellation or denial of my driver's license pursuant to <i>NRS 483.420</i>. "I swear or affirm I am a U.S. citizen. I will be at least 18 years old by the date of the next election, or I am at least 17 years old. I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election at which I intend to vote. The physical address listed herein is my sole legal place of residence and I claim no other place as my legal residence. If I am preregistering to vote, I understand and acknowledge that I will be deemed to have registered to vote as of the date of my 18th birthday unless my preregistration is cancelled by any of the means or for any of the reasons for cancelling voter registration pursuant to <i>Chapter 293 of the Nevada Revised Statutes</i>. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the foregoing is true and correct."</p>	
Applicant Name _____	DL/ID Number _____
Applicant Signature _____	Date _____

RENEWAL APPLICANTS 71 OR OLDER MUST ALSO HAVE THIS PAGE COMPLETED

Please *clearly* PRINT the following information.

Driver's Name _____
Address _____
Driver's License Number _____ Date of Birth _____ Age _____

Certificate of Vision Examination

This section must be completed for every person applying to renew a Nevada driver's license. You may have this report completed by a licensed physician, ophthalmologist, optician, optometrist, or driver's license issuing agency in your area. The form must be dated within the past **90** days and signed by the person who administered the exam. It also needs to show separate visual acuity readings for the right, left and both eyes, and indicate whether the exam was taken with or without corrective lenses. A prescription for corrective lenses **cannot** be accepted in lieu of the required vision examination.

Vision	Without Corrective Lenses	WITH Corrective Lenses
Right Eye.....	20/ _____	20/ _____
Left Eye.....	20/ _____	20/ _____
Both Eyes.....	20/ _____	20/ _____

Does this person have a progressive disease or condition of the eye? Yes No

Signature: Driver's License Issuing Agency/Physician/Optomtrist

PRINTED Name: Issuing Agency/Physician/Optomtrist

Date of Examination (must be within the last 90 days)
(_____) _____
Area Code and Phone Number

PRINTED Office Address: Issuing Agency/Physician/Optomtrist

Physical Evaluation

All renewal applicants **who will be 71 years of age or older on their driver's license expiration date** must have this report completed, signed, and dated by a licensed physician no more than **90** days before it is submitted to the Nevada DMV.

Does a medical condition exist that would prevent this patient from safely operating a motor vehicle? Yes No
If "Yes," please explain: _____

Is this patient taking any medication that would negatively affect his/her ability to drive safely? Yes No
If "Yes," please explain: _____

Physician's Signature

PRINTED Name of Physician

Physician's License Number

Date of Physical Evaluation
(must be within the last 90 days)
(_____) _____
Area Code and Phone Number

PRINTED Office Address of Physician