

APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

☐ ORIGINAL ☐ RENEWAL ☐ DUPLICATE ☐ 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		CLASSIFICATIO	ENDORSEMENTS			;	IDENTIFICATION CARD				
☐ Real ID ☐ Standard		☐ Class C ☐ Class		Α] G		☐ Real ID ☐ Standard			
☐ Driver Authoriz	ation Card	☐ Class M ☐ Class B						☐ Seasonal Resident			
				1		=					
CHANGE TO INFORMATION ON CARD: ☐ NAME ☐ ADDRESS ☐ DATE OF BIRTH ☐ SOCIAL SECURITY NUMBER ☐ SEX											
LAST NAME (PRINT)		FIRST NAME		MIDDL	E NAME	SUFFIX		NEVADA DL/DAC/ID NUMBER			
SOCIAL SECURITY NUMBER	BER (not required for DAC)	DATE OF BIRTH	FULL LEGA	AL NAME ON B	IRTH CERTIFIC	CATE	BIRTHP	LACE (CITY & STATE OR COUNTRY)			
, , ,											
				Y BIRTH CL							
` ′	IGHT	WEIGHT LBS.	HAIR COLO	LOR EYE COLOR MOTHER				R'S MAIDEN NAME			
M F	FT. IN.										
PRIMARY PHYSICAL ADI	DRESS		1	MAILING ADI	DRESS (IF DIFF	FERENT FRO	I M PHYSIC	AL ADDRESS)			
							,				
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE							
DAYTIME PHONE NUMBE	ER (OPTIONAL)			EMAIL ADDR	ESS (OPTIONA	AL)					
()											
VOTER	Pursuant to federal law, you may register to vote through the DMV. If you have not previously registered to vote in Nevada or if you would like to make an update to a current Nevada voter registration, you may do so by completing the additional information on page 3 of this application, including the signature box.										
REGISTRATION	Subject to the explan	ation provided below	v regarding					to address information will be sent to the			
OR ADDRESS	County Clerk/Registrar's Office for voter registration purposes unless you check this box: 🗆 I do not want my address change updated										
CHANGE	for voter registration		IVos □N	o If "voo" (all continue	on nago 2	of this o	pplication must be completed for the new			
				o ii yes, a	ali sections (on page 3	OI IIIIS a	pplication must be completed for the new			
		county to process your updated voter registration. I declare myself an honorably discharged U.S. Armed Forces veteran and authorize the DMV to send									
VETERAN	my personal information to the Department of Veterans Services to provide benefits information to me.										
VETERAN	I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained ☐ YES ☐ NO										
	on my license. If you	r card does not alrea	ady have a	veteran des	ignation, pre	esent proo	f of hone	orable discharge.			
SELECTIVE SERVICE	If you are a male at least 18-26 yrs. old and do not check the box below, 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. I do not want to register for the Selective Service.										
	Would you like to be	an organ donor and	have that is	ndicated on	vour license	e or identifi	cation c	ard?			
ORGAN	Would you like to be an organ donor and have that indicated on your license or identification card? ☐ Yes, I wish to be an organ donor or ☐ No, I do not wish to be an organ donor at this time.										
DONOR	If you are at least 16 and less than 18 years old, a parent or guardian may sign the affidavit to ensure your wishes are followed.										
Bollok		donate \$1 or more to the anatomical gift account? If so, how much?									
		·						WHAT NAME WAS IT ISSUED?			
Have you ever had a	a driver's license or ide	ntification card in an	other <i>name</i>	e ? □	YES 🗆 NO	0					
Have you ever had a	a driver's license or ide	ntification card in an	other <i>state</i>	? 🗆	YES □ NO	0	WI	hat state(s)?			
Is the card in your po	ossession? ☐ YES ☐	NO License No.			Class/	Type		piration Date			
	vilege ever been revoke	•		nied? □	YES DNO	O					
If yes, State Date Reason											
Do you have any disability, illness, missing extremity, 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.											
Vision Acuity: Left Both Right Office Use Only Ind. ID #											
With OR Without Correction: 20/ 20/											
PDPS/CDLIS: Clear Hit W/D: Cites: Drive Restrictions											
State: DLN: Score(s)											
Docs / Notes:											

DMV 002 (Revised 01-2017)

Affidavits and Signatures Must be Witnessed by an Authorized DMV Representative

AFFIDAVIT	INITIAL
I, the undersigned, do hereby consent to the issuance of an instruction permit/license to	
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.	
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	
NON-USE OF NEVADA DRIVING PRIVILEGE	
I, the undersigned, do hereby certify that I have not operated any motor vehicle since	
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 STATEMENTS	•
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 you Number so the state may administer laws related to licensing drivers (NRS 483.290).	r Social Security
 The driver's license or identification card application you are submitting will cause any driving record from your previous state 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. 	be transferred to
I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I that any and all other driver's licenses or identification cards issued by any other jurisdiction will be upon issuance of a Nevada license or identification card. I agree and understand that any misstatement facts may cause cancellation and/or denial of my license or identification card under NRS 483.420 and N respectively. I further understand that any misstatement of facts may be a misdemeanor or felony 483.530 and may be punishable pursuant to NRS 193.130. I acknowledge that if I sign the voter registration page 3 of this application, such shall constitute, pursuant to NRS 481.063 (2), a written request and the DMV to send personal information here recorded to the County Clerk/Registrar for voter registration Applying to register or declining to register to vote will not affect the amount of assistance I will be provagency.	surrendered t of material IRS 483.530, under NRS ation portion I release for n purposes.
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	signed.



SECRETARY OF STATE STATE OF NEVADA VOTER REGISTRATION APPLICATION

If you decline to register to vote, that fact will remain confidential and will be used only for voter registration purposes. If you choose to register to vote, the office at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.

BOXES 1, 2 AND 7 MUST BE COMPLETED TO REGISTER TO VOTE. This signature box is only for voter registration purposes.

BOX 3 - DO NOT WRITE IN THIS BOX. The DMV will electronically print your address and other required information that you entered on page 1 of this application.

BOX 6 - PARTY REGISTRATION. Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 9 - ASSISTING IN THE COMPLETION OF THIS FORM. If you are assisting a person to register to vote, you must complete Box 9. FAILURE TO DO SO IS A FELONY.

	CHECK THIS E	BOX TO RECEIVE A S	SAMF	PLE BALLOT IN	LARGER TY	/PE
	WARNING: GIVING FALSE INFORMAT USE BL	TION IS A FELONY AND ACK INK — PLEASE P			PENALTY OF	UP TO \$20,000
1	Are you a citizen of the United States of America? Will you be 18 years of age or over on or before Ele If you checked "no" in response to either of these qu form.	2	Check boxes that app ☐ New Registration ☐ Name Change		n Change	
3				OO NO IN TH		
4	Telephone No. (Optional)	5	E-mail .	Address (Optional)		
6	Party Registration—Check Only One Box Democratic Party Independent American Party Libertarian Party Nonpartisan (no party affiliation) Republican Party Other – Write In Below	7 correct." SIGNAT This signatur	esided in the pressidence all for me URE O e box is	Nevada at least 30 days ent address listed herein is 1 am not laboring under to vote. I declare under FAPPLICANT (REQUIPMENT) only for Voter Registration	in my county and at Is my sole legal place any felony conviction penalty of perjury the IRED) a Purposes	east 10 days in my precinct of residence and I claim no n or other loss of civil rights at the foregoing is true and DATE (REQUIRED)
8	Your name and residence address where you were	last registered to vote (Name	Used, \$	Street, Apt. #, City, Sta	ite & Zip Code of	-ormer Residence)
9	Important! If you are assisting a person to register to voter registration agency, you MUST complete the form	o vote and you are not a field r ollowing. Your signature is red	egistra quired.	r appointed by a Coun Failure to do so is a	ty Člerk/Registrar felony.	or an employee of a
	Name Mailing Address			State/Zip Code		nature
	VALIDATING AGENCY US	CANCELL		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	CATION NO.	

INACTIVE

PRECINCT

RECEIVED BY:

☐ FIELD REGISTRAR

□ MAIL

□ OTHER

DATE STAMP