555 Wright Way
Carson City, NV 89711
Reno/Carson City (775) 684-4DMV (4368)
Las Vegas (702) 486-4DMV (4368)
dmv.nv.gov

Application For Approval To Drive With Bioptic Lenses

Driver

Name ____

Date of Birth ____________________ Social Security Number ____________________

Mailing Address ____

Have you ever been licensed in a state other than Nevada? ☐ Yes ☐ No

If Yes, State? ________ DL No. ____________________ Exp. Date ______________

Applicant Signature ______________________________ Date ______________

Licensed Vision Specialist

Static acuity through the telescopic portion of the device ____________________

	Right	Left	Both
Best corrected vision through the carrier lens	20/ ☐	20/ ☐	20/ ☐

Field of vision__________ degrees Is the condition **stable** or **progressive** (circle one)

The following license restrictions are required for drivers who wear bioptic lenses:

- Corrective lenses
- Daylight driving only
- Yearly vision examination
- Bioptic telescopic lenses
- Outside mirrors on both sides of vehicle
- Speed not to exceed 45 m.p.h
- Yearly driving examination

Do you recommend any additional driving restriction? ______________________________

Physician's Signature ______________________________ Date ______________

For Department Use Only

Yes	No	
☐	☐	Drive history record checked. State ________ Comments ____________________
☐	☐	Vision meets standards Comments ______________________________
☐	☐	Approved to continue with licensing process Comments ____________________

DMV Representative Signature ______________________________ Date ______________