



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 <https://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 18-26 yrs. old 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 <u>ever</u> 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.					

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	_____ Date of Examination (must be within the last 90 days)
_____ PRINTED Name: Issuing Agency/Physician/Optomtrist	(_____) _____ 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	_____ Physician's License Number	_____ Date of Physical Evaluation (must be within the last 90 days)
_____ PRINTED Name of Physician		(_____) _____ Area Code and Phone Number

PRINTED Office Address of Physician