

555 Wright Way, Carson City, NV 89711 Reno/Sparks/Carson City (775) 684-4DMV (4368) Las Vegas Area (702) 486-4DMV (4368) Fax (775) 684-4829 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 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 (P	RIN	T)		FIRST NAI	ME		MIDE	DLE NAME	SUFFIX	NEVADA DL/DAC/II	D NUMBE	R
DATE OF BIRTH	1		FULL I	EGAL NAM	ME OI	N BIRTH CE	RTIFICATE		PL.	ACE OF BIRTH (STAT	E <u>AND</u> COL	JNTRY)
SEX (CIRCLE ONI  M F X		HEIGHT FT. mailing addres	IN.	WEIGHT	LBS.	HAIR COL		EYE COLOR	nse and ID	MOTHER'S MAIDEN	INAME	
		AL ADDRESS (PR				, a. a. (=, t. o.	· .			ANT YOUR CARD MA	ILED)	
CITY, STATE, ZI	PC	CODE					CITY, STAT	E, ZIP CODE				
DAYTIME PHON	IE N	NUMBER (OPTIO	NAL)				EMAIL ADD	RESS (OPTION	AL)			
CITIZEN		Are you a Uni	ted St	ates citize	en?						□ YES	□ NO
SELECTIVE SERVICE		If you were bor registering for relating to job t	Selecti	ve Service	e. You	ı will remai	in eligible f	r federal stude	nt loans, g	rants, benefits	- ,	I am not do not wish
	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.						□NO				
	2	Have you ever such service u						of the United S	tates and	separated from	□ YES	□ NO
VETERAN	3	Have you ever reserve compo	nent o	f the Arme	d Fo	y for a min rces of the	imum of 6 c United Sta	continuous year tes and separa	rs in the Na ted from s	ational Guard or a uch service under	□ YES	□ 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?						□ NO				
ORGAN DONOR		Would you like to be an organ donor and have that indicated on your license or identification card?								□ YES	□ №	
		If you would you like to donate \$1 or more to the anatomical gift account, indicate how much here: \$										
DRIVING		Has your driving privilege <u>ever</u> been revoked, suspended, canceled or denied?								□ YES □	⊓ №	
HISTORY		If yes, from wh	ich Sta	ate(s):			Date:	Reas	on:			
MEDICAL HISTORY		Do you have a disability or missing extremity?								☐ YES	□ NO	
		Do you have a						affect your driv	ing ability?	?	□ YES	□ NO
		If you answere		'	•	• •	•					
		NOTE: Some r	nedica	I condition	s ma	y be indica	ited on you	DL/DAC/ID. F	Form DLD7	7 must be complete	d by a ph	ysician.

## **Automatic Voter Registration Section**

ALL APPLICANTS MUST COMPLETE SECTION 1 OR SECTION 2								
SECTION 1								
By checking this box, you affirmatively decline the transmission of your information for voter registration/update purposes.  NOTE: Opting out of this process will not change your current voter registration preferences.								
SECTION 2  NOTE: Do not complete this section if you chose to opt-out by checking the box above. If both sections are completed, this entire application will be labeled as incomplete and not processed.								
	Are you 18 years or older?							
	Are you currently 17 and would like to preregister? You will be able to vote when you turn 18.	□ YES □ NO						
	If you are eligible, you will be registered to vote or have your voter registration updated. Unless you opt-out, we will send your information to your County Clerk/Registrar. If you had a felony conviction, you are eligible to vote on release from prison. 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. Nevada Revised Statute Chapter 293.							
	If applicable, check one of the following: (The Uniformed and Overseas Citizens Absentee Voting Act)  ☐ Domestic Military (or military spouse or dependent) on active duty and absent from Nevada voting residence  ☐ Overseas Military (or military spouse or dependent) on active duty and absent from Nevada voting residence  ☐ Overseas Citizen residing outside the U.S. (not applicable to those traveling/vacationing outside the U.S.)							
VOTER	Political Party Selection – Check Only One Box							
REGISTRATION	□ Democratic Party □ Independent American Party □ Liberta	arian Party						
	□ Nonpartisan (no party affiliation) □ Republican Party							
	□ Other Party – Write in here:							
	A voter registration record <i>must</i> indicate a major political party in order to vote for candidates in a primary election. A new voter registration record will default to "nonpartisan" (no political party) unless a political party is indicated above. If you are already registered to vote in Nevada, no party selection during this transaction will result in your record using your previous political party preference.							
	If you are active-duty military residing outside of Nevada and you <u>do not</u> have an <i>active</i> 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: <a href="https://dmv.nv.gov">https://dmv.nv.gov</a>							
If you submit thi	s application with the Automatic Voter Registration section blank or with unclea	r selections (no						

If you submit this application with the Automatic Voter Registration section blank or with unclear selections (no selection, more than one selection or selection that's been revised), this will result in you being registered to vote as Nonpartisan. If you are already registered to vote in Nevada, then your current political party preference will not change. NRS 293.5762

understand that any misstatement of facts on this application may 483.420. "I swear or affirm I am a U.S. citizen. I will be at least 18 ye continuously resided in Nevada at least 30 days in my county and vote. The physical address listed herein is my sole legal place of repreregistering to vote, I understand and acknowledge that I will be my preregistration is cancelled by any of the means or for any of the	ereby 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 derstand that any misstatement of facts on this application may cause the cancellation or denial of my driver's license pursuant to NRS 8.420. "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 a tinuously 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 be 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 a registering 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 a preregistration is cancelled by any of the means or for any of the reasons for cancelling voter registration pursuant to Chapter 293 of the vada Revised Statutes. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the egoing is true and correct."	
Applicant Name	DL/ID/DAC Number	
Applicant Signature	Date	

## RENEWAL APPLICANTS 71 OR OLDER MUST ALSO HAVE THIS PAGE COMPLETED

Please clearly PRINT the follow	wing information.	
Driver's Name		
Driver's License Number	Date of Birth	Age
	Certificate of Vision Ex	amination
licensed physician, ophthalmologist, past <b>90</b> days and signed by the per	optician, optometrist, or driver's license is son who administered the exam. It also neer the exam was taken with or without corr	a driver's license. You may have this report completed by suing agency in your area. The form must be dated within the ds to show separate visual acuity readings for the right, leading lenses. A prescription for corrective lenses cannot be
Vision	Without Corrective Lenses	WITH Corrective Lenses
Right Eye	20/	20/
	20/	20/
	20/	20/ 20/
Does this person have a progres	sive disease or condition of the eye?	☐ Yes ☐ No
Signature: Driver's License Issuing	Agency/Physician/Optometrist	Date of Examination (must be within the last 90 days)
PRINTED Name: Issuing Agency/P	hysician/Optometrist	() Area Code and Phone Number
PRINTED Office Address: Issuing A	Agency/Physician/Optometrist	
	Physical Evalua	tion
	71 years of age or older on their driver sician no more than 90 days before it is so	s license expiration date must have this report complete abmitted to the Nevada DMV.
	nat would <u>prevent</u> this patient from safe	ly operating a motor vehicle? ☐ Yes ☐ No
	tion that would negatively affect his/her	ability to drive safely? ☐ Yes ☐ No
		<del>-</del> <del></del>
Physician's Signature	Physician's License Nun	(must be within the last 90 days)
PRINTED Name of Physician		() Area Code and Phone Number
FRINTED INAME OF PHYSICIAN		Area Code and Filone Number

DMV 204E (Revised 12/2021)

PRINTED Office Address of Physician