



**REQUEST FOR WAIVING DUPLICATE FEES  
RELEASED PRISONERS OR INMATES  
NRS 483.417 and 483.825**

I am submitting documentation from the Department of Corrections, county, city, or town jail verifying I was released from a prison or jail within the last 90 days.

I understand that the fees will be waived **one-time-only**, and this transaction will be performed at no cost. Upon renewal, if employed, I understand I will be required to reimburse the Department the amount of the card production in addition to the cost of the renewal.

The waiver of duplicate fees cannot be applied to a Commercial Driver's License.

I am requesting a duplicate:  Driver License  Identification Card  Instruction Permit

Applicant's Printed Name: \_\_\_\_\_

Driver License/Identification Card Number (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DMV Representative: \_\_\_\_\_ Date: \_\_\_\_\_

***Signatures must be originals. Photocopies are not acceptable.  
Changes may not be made to this form once it is signed.***