

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

EXPEDITED SERVICE PERMIT APPLICATION NRS 426.441

Nevada law allows for issuance of an Expedited Service Permit for individuals with a permanent (irreversible) disability. This permit entitles a person to expedited service from any officer or employee of a State agency providing public services. The Expedited Service Permit is valid for 10 years from date of issuance.

Original and duplicate application for an Ex	cpedited Service P	ermit must be made	in person.		
☐ Original Application ☐ Duplicate or Ch Please Print or Type	nange 🔲 Rene	ewal			
Full Legal Name (Disabled Person)					
First		Middle	Last		_
Nevada Driver's License or Identification Card	Number		Date of E	Birth	
Physical Address					
Address		City		State	Zip Code
Mailing Address Address		City		State	Zip Code
County of Residence	Telephone No.	•	E-Mail Address		•
I currently have Disabled License Plate number					
I understand that it is unlawful for any individu person who violates this provision is guilty of a		i to use or attempt to	use this Expedited	Service	Permit and that a
Signature of Applicant			Date		
<u>Do not</u> complete this section for renewal Vehicles with a physician's certificate indic	or duplicate if you ating an irreversit	ole condition.		da Depa	artment of Motor
As a physician for the above-named patient, I	hereby certify that t	he applicant:			
 Cannot walk two hundred feet without Cannot walk without the use of a brace 		eelchair, or prosthetic,	or other assistive	device, d	or another person.
3. Has a cardiac condition to the extent the adopted by the American Heart Assoc		tions are classified as	Class III or Class	V accord	ding to standards
4. Is restricted by a lung disease.					
5. Is severely limited in his/her ability to v	valk because of an	arthritic, neurological,	or orthopedic con	dition.	
6. Has a visual disability.					
7. Uses portable oxygen.					
I further certify that my patient's condition					
Permanent Disability (irreversible, permanent Disability (irrevers	anently disabled in l	his/her ability to walk,	certification is vali	d indefin	itely)
Physician's Name					
First	Middle	Last			
Mailing Address Address		City		State	Zip Code
Physician's License No.		Telephone Numbe	r		
Physician's Signature			Date		

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