

ALL APPLICANTS MUST COMPLETE THIS SECTION

- 1. Have you ever been issued a Nevada driver's license, instruction permit, or identification card?
2. Have you ever had a driver's license or identification card in another state?
3. Has your driving privilege ever been revoked, suspended, canceled, or denied?
4. Have you had any moving violations in the last four years?
5. Have you been convicted of driving under the influence of alcohol/drugs in the last seven (7) years?
6. Do you have any disabilities, illnesses, missing extremities, or take any medication that could affect your driving ability?
7. Would you like to be an organ donor and have that information indicated on your license or identification card?
8. Would you like to make a donation of \$1 or more to the anatomical gift account?
9. Would you like to register to vote or make changes to your current voter registration?
10. Would you like to declare yourself a veteran of the Armed Forces of the United States?
11. If you are a male at least 18 years of age and less than 26 years old, would you like to register with the Selective Service?

COMMERCIAL APPLICANTS COMPLETE THIS SECTION - A separate form will be provided upon request identifying the requirements of 49 CFR Part 391

- 12. In the past ten (10) years I have held a driver's license in these states:
13. Do you meet all the requirements of 49 CFR Part 391 for commercial licensing?



Affidavits and Signatures Must Be Witnessed by an Authorized DMV Representative!



Initial

- AFFIDAVIT - NO SOCIAL SECURITY NUMBER: I, the undersigned, do hereby certify that I have never been assigned a Social Security Number under the provisions of the Social Security Act of the United States.
AFFIDAVIT - NON-USE OF NEVADA DRIVING PRIVILEGE: I, the undersigned, do hereby certify that I have not operated any motor vehicle since (date)
AFFIDAVIT - CONSENT FOR MINOR'S LICENSE: I, the undersigned, do hereby consent to the issuance of an instruction permit/driver's license to
AFFIDAVIT - INSTRUCTION PERMIT: I, the undersigned, do hereby certify that I understand my instruction permit is valid for up to one (1) year from date of issuance and I must carry it with me when I am driving.

DISCLOSURE STATEMENT:

The Privacy Act as passed by the United States Congress authorized the use of your Social Security Number for the purpose of verifying your identification. This number must be given and will be used in the administration of driver's license and motor vehicle registration laws as required by NRS 483.290.

I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver's license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under NRS 483.530 and may be punishable pursuant to NRS 193.130.

Applicant Signature
Parent/Guardian Signature if Applicant is Under 18
Sworn Before Me This Day of , 20
Authorized DMV Representative