



Alternate Services
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Application for Nevada Driver's License by Mail

NRS 483.347, NRS 483.383-483.384, NAC 483.456-483.4595

Nevada residents who are temporarily residing outside Nevada and meet all other 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.** Unless you are a U.S. Government employee on active military duty or a dependent of such a person, your next license renewal must be completed in a Nevada DMV office. Within 24 days of your return to Nevada, you are required by law to surrender your driver's license and obtain a license which bears your photograph. 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.

U.S. Government employees on active military duty or a dependent 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.

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.

SEE PAGE 2 FOR REQUIRED MEDICAL CERTIFICATIONS

Please clearly PRINT the following information: Driver's License Number _____

Full Name (Last, First, Middle) _____

Date of Birth _____ Mother's Maiden Name _____

Nevada Mailing Address _____

Nevada Residential Street Address _____

Out-of-State Mailing Address (license will be mailed to this address) _____

Description: Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

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.

Would you like to be an organ donor? (This information will be indicated on your license) Yes No

Would you like to register to vote or change your voter registration? Yes No

Would you like your name and address to be released for commercial sales? Yes No

(EFFECTIVE 7/1/2010) If you are a male at least 18 and less than 26 years of age, would you like to register with the Selective Service?

By registering, you will remain eligible for federal student loans, grants, job training benefits, most federal jobs and, if applicable, citizenship in the United States. Yes No

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 (use form [VP205](#)). Do NOT send cash.

RENEWAL	\$ 22.00	LATE RENEWAL (expired over 30 days).....	\$ 32.00
RENEWAL - 65 or Older	\$ 17.00	LATE RENEWAL – 65 or Older.....	\$ 27.00
DUPLICATE	\$ 17.00		

I attest that I am a legal resident of Nevada temporarily residing out of state. I certify under penalty of perjury that all statements made in this application are true. I understand that any misstatement of facts on this application may cause cancellation or denial of my driver's license pursuant to NRS 483.420.

Applicant's Signature _____ Date _____
 (sign in black ink)

E-Mail Address _____ Phone No. (out-of-state) _____

**Please complete the appropriate section(s) on the reverse side of this application.
 An incomplete application will be returned to you.**

Full Name (Last, First, Middle) _____

ALL APPLICANTS COMPLETE THIS SECTION

Have you suffered from or are you under a doctor's care for any of the following since your last license was issued?

- Yes No Loss or impairment of a limb Yes No Mental or emotional disorder
- Yes No Epilepsy or seizures Yes No Fainting or dizzy spells

If the answer is "YES" to any of the above, please explain the nature of the condition and date(s) of occurrence:

Yes No Do you have a disability that would prevent you from driving safely?

Yes No Are you taking any medication that affects your ability to drive safely?

Yes No Have you ever had your driving privilege revoked, suspended, canceled, or denied?

 If "YES," When? _____ Where? _____

 Why? _____ Class/Type? _____

RENEWAL APPLICANTS MUST ALSO HAVE THIS SECTION COMPLETED

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/Optometrist	Date of Examination (must be within the last 90 days)
_____	(____) _____
PRINTED Name: Issuing Agency/Physician/Optometrist	Area Code and Phone Number

PRINTED Office Address: Issuing Agency/Physician/Optometrist

RENEWAL APPLICANTS 71 OR OLDER MUST ALSO HAVE THIS SECTION COMPLETED

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	Phy (must	sician's License Number	Date of Physical Evaluation be within the last 90 days)
_____		_____	(____) _____
PRINTED Name of Physician			Area Code and Phone Number

PRINTED Office Address of Physician