

## 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, active duty military, 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, 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.

If you are no longer a resident of Nevada, surrender your Nevada driver's license to the Department of Motor Vehicles or the equivalent, where you now reside and apply for a driver's license in that state.

LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	SUFFIX	NEVADA DL/DAC/ID NUMBER
DATE OF BIRTH		FULL LEGAL NAME ON BIRTH CERTIFICATE			BIRTHPLACE (CITY & STATE OR COUNTRY)	
SEX (CIRCLE) M    F	HEIGHT ___FT___IN	WEIGHT ___LBS.	HAIR COLOR	EYE COLOR	MOTHER'S MAIDEN NAME	
<input type="checkbox"/> DO NOT SCAN MY BIRTH CERTIFICATE				<input type="checkbox"/> Check box to place mailing address on the front of card (For Standard or DAC only)		
PRIMARY PHYSICAL ADDRESS (SEE NOTE, BOTTOM OF PAGE)				MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)		
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE		
DAYTIME PHONE NUMBER (OPTIONAL) (    )				EMAIL ADDRESS (OPTIONAL)		
OUT OF STATE MAILING ADDRESS						

**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.

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. Fees are outlined on the DMV website at <http://www.dmvnv.com/dlfees.htm>.

PLEASE BE SURE TO COMPLETE ALL PAGES

**NOTE: If you are a US Government employee, active duty military, or dependent of such person, stationed outside of Nevada and do not have a primary Nevada physical address, please Contact Us for instructions on your driver's license renewal or voter registration.**

<b>VOTER REGISTRATION OR ADDRESS CHANGE</b>	Pursuant to federal law, you may register to vote through the DMV. If you have not previously registered to vote in Nevada or if you would like to make an update to a current Nevada voter registration, you may do so by completing the additional information on page 3 of this application, including the signature box.	
	Subject to the explanation provided below regarding a move to a different county, any change to address information will be sent to the County Clerk/Registrar's Office for voter registration purposes unless you check this box: <input type="checkbox"/> I <b>do not</b> want my address change updated for voter registration purposes	
	<b>Did you move to a different county?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," all sections on page 3 of this application must be completed for the new county to process your updated voter registration	
<b>VETERAN</b>	1	I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained on my license. <i>If your card does not already have a veteran designation, present proof of honorable discharge.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	2	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? By checking yes, I authorize the DMV to send my personal information to the Department of Veterans Services to provide benefits information to me. <input type="checkbox"/> YES <input type="checkbox"/> NO
	3	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ORGAN DONOR</b>	Would you like to be an organ donor and have that indicated on your license or identification card? <input type="checkbox"/> Yes, I wish to be an organ donor or <input type="checkbox"/> No, I do not wish to be an organ donor at this time. If you are at least 16 and less than 18 years old, a parent or guardian may sign the affidavit to ensure your wishes are followed. Parent / Guardian Signature: _____	
	Would you like to donate \$1 or more to the anatomical gift account? If so, how much? \$ _____	
<b>SELECTIVE SERVICE</b>	If you are a male at least 18-26 yrs. old and do not check the box below, you will be registering for Selective Service. You will remain eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, citizenship in the United States. <input type="checkbox"/> I <b>do not</b> want to register for the Selective Service.	

*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 \_\_\_\_\_

**(Sign in black ink)**

Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone No. (Out-of-state) (\_\_\_\_) \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS SECTION**

Do you have any disability, illness, missing extremity, or take any medication that could affect your driving ability?

Yes  No If yes, please explain \_\_\_\_\_

Has your driving privilege ever been revoked, suspended, canceled, or denied?  Yes  No

If yes, State \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

**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.

<b>Vision</b>	<b>Without Corrective Lenses</b>	<b>With Corrective Lenses</b>
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

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Date of Physical Evaluation  
(Must be within the last 90 days)

\_\_\_\_\_  
PRINTED Name of Physician

(\_\_\_\_\_) \_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
PRINTED Office Address of Physician

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**SECRETARY OF STATE  
STATE OF NEVADA  
VOTER REGISTRATION APPLICATION**

Application No. \_\_\_\_\_

If you decline to register to vote, that fact will remain confidential and will be used only for voter registration purposes. If you choose to register to vote, the office at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.

**BOXES 1, 2 AND 7 MUST BE COMPLETED TO REGISTER TO VOTE.** This signature box is only for voter registration purposes.

**BOX 3 - DO NOT WRITE IN THIS BOX.** The DMV will electronically print your address and other required information that you entered on page 1 of this application.

**BOX 6 - PARTY REGISTRATION.** Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

**BOX 9 - ASSISTING IN THE COMPLETION OF THIS FORM.** If you are assisting a person to register to vote, you must complete Box 9. **FAILURE TO DO SO IS A FELONY.**

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

**WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000  
USE BLACK INK — PLEASE PRINT CLEARLY**

<b>1</b>	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or over on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, do not complete this form.	<b>2</b>	Check boxes that apply and complete items 4-9 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change
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DO NOT WRITE  
IN THIS BOX

<b>4</b>	Telephone No. (Optional)	<b>5</b>	E-mail Address (Optional)
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<b>6</b>	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Nonpartisan (no party affiliation) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other – Write In Below _____	<b>7</b>	"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 • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct."  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><b>SIGNATURE OF APPLICANT (REQUIRED)</b></p> <p>↓</p> <p>This signature box is only for Voter Registration</p> <div style="border: 2px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p><b>DATE (REQUIRED)</b></p> <p>↓      ↓</p> <p>____/____/____ (MM/DD/YYYY)</p> </div> </div>
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<b>8</b>	Your name and residence address where you were last registered to vote (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)
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<b>9</b>	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.
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Name	Mailing Address	City/State/Zip Code	Signature
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**Signatures must be originals. Photocopies not acceptable.**

**VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE AREA BELOW.**

DATE STAMP	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	CANCELLED  INACTIVE  PRECINCT	<b>APPLICATION NO.</b>  RECEIVED BY: _____
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