



Field Services Division
 555 Wright Way
 Carson City, Nevada 89711
 Reno/Carson City 684-4DMV
 Las Vegas 486-4DMV
 Rural NV (877) 368-7828
www.dmvnv.com

RESTRICTED LICENSE APPLICATION TO AND FROM SCHOOL OR WORK

INSTRUCTIONS: This application is to be used for minor applicants whose license has been revoked or suspended under Chapter 62 of the Nevada Revised Statutes. Please type or print in black ink and complete all sections that apply to your request. Any changes to approved driving restrictions must be made in writing to the Department of Motor Vehicles. Failure to complete all sections will result in a delay in processing the application. Please attach a certified copy of the Court Order authorized restricted driving privileges to and from school and work.

To and From License: This license is to be issued for a specific term and to be used exclusively for academic purposes only, NOT for extracurricular activities. Licensee may transport minor passengers (with written consent of his/her parent) while going to and from school, but in no event shall the number of passengers exceed the number for which the vehicle was designed. The route described above shall be traveled to and from school once daily on scheduled school days. The speed shall not exceed the posted speed limit.

To and From Work: Effective only for employment designated on this application.

STUDENT INFORMATION

Name _____
 Social Security _____ Last _____ Date of Birth _____ First _____ Middle _____ Home Phone _____
 Residence Address _____
 Mailing Address (if different) _____
 Male Female Height _____ Weight _____ Hair _____ Eyes _____

FATHER'S INFORMATION

Name _____ Home Phone _____
 Address _____
 Work Phone _____ Work Days/Hours _____

MOTHER'S INFORMATION

Name _____ Home Phone _____
 Address _____
 Work Phone _____ Work Days/Hours _____

Does a licensed driver (not parent/guardian) reside in the household? Yes No If "Yes", Name _____

Driver License Number _____ If this licensed driver attends school or is employed, indicate school and/or employer and schedule. _____

REQUEST:

Drive to/from school _____ Exact miles one way via the most direct route
 Why is it impossible or impractical to provide the student transportation? _____
 Indicate the most direct route of travel on public highway/streets from residence to school. _____

Drive to/from work _____ Exact miles one way via the most direct route

Drive on the job for work related purposes

I certify that I am the parent or guardian of the applicant, that all statements made on this application are correct, and I understand any misstatement may cause denial of the application or cancellation of the permit. I accept liability for any neglect of willful misconduct by the minor and agree that failure of the minor to comply with restrictions of the license and the conditions listed below may result in cancellation of this privilege.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

SUBSCRIBED and SWORN to or affirmed before me this day of, 20.....

Notary Public _____

FOR DEPARTMENT USE ONLY	
Approved _____	RL No. _____ Exp. _____
Denied _____	Reason _____

SCHOOL VERIFICATION

(This section must be completed by the school administration only)

Name of School _____ Phone _____

Address _____

- 1. Does the school provide bus transportation or transportation for hire to the student-s residential area? Yes No
- 2. School semester (not school year) Begins _____ Ends _____
- 3. Exact hours student attends school (exclude extracurricular activities) From _____ am/pm To _____ am/pm

THE UNDERSIGNED ATTESTS THAT THE INFORMATION PROVIDED IS ACCURATE ACCORDING TO SCHOOL RECORDS.

Signature

Date

Printed Name and Title

EMPLOYMENT

(This section applies to a minor applicant whose license has been revoked or suspended and the information must be completed by the employer only)

Business Name _____ Phone _____

Business Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Days and hours (specify am/pm) applicant works _____

Applicant's work duties _____

Is applicant required to drive during work hours? No Yes If yes, applicant drives a Private Vehicle Company vehicle during work hours in the _____ area (specify city).

I certify I am authorized to provide the information indicated above and to verify that the applicant, _____, is currently employed with this business. I further certify that I will notify the restricted license coordinator if this employee terminates employment.

Authorized Signature

Date

Print Name and Title

FOR DEPARTMENT USE ONLY

Verified _____ Date _____

SR-22: _____ Needed _____ Filed _____ Suspension

Traffic School: _____ Yes _____ No

PDPS: _____ No Match _____ LIC _____ ELG _____ NOT State _____ # _____

Restricted License No. _____ Expiration Date _____