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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 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 in the state 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)	
<input type="checkbox"/> DO NOT SCAN MY BIRTH CERTIFICATE						
SEX (CIRCLE) M F	HEIGHT FT. IN.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	MOTHER'S MAIDEN NAME	
PRIMARY PHYSICAL ADDRESS			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						
VOTER REGISTRATION OR ADDRESS CHANGE	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 do not want my address change updated for voter registration purposes.					
	Did you move to a different county? <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.					
VETERAN	I declare myself an honorably discharged U.S. Armed Forces veteran and 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					
	I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained on my license. If your card does not already have a veteran designation, present proof of honorable discharged. <input type="checkbox"/> YES <input type="checkbox"/> NO • IF A DISCHARGE DOCUMENT IS NOT ATTACHED, YOUR LICENSE WILL NOT SHOW A VETERAN DESIGNATION.					
ORGAN DONOR	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? \$ _____					
SELECTIVE SERVICE	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 do not want to register for the Selective Service.					

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>.

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) (_____) _____

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.

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/Optomtrist

Date of Examination (must be within the last 90 days)

PRINTED Name: Issuing Agency/Physician/Optomtrist

(_____) _____
Area Code and Phone Number

PRINTED Office Address: Issuing Agency/Physician/Optomtrist

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

