

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you currently have, or have you ever been issued in the past, a Nevada driver license or Nevada identification card? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever, or do you now, have a driver license or identification card issued from another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, State _____ License Number _____ Class/Type _____ Exp. Date _____ | | |
| 3. Have you ever had a driver license or identification card in another name? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, Name _____ State _____ | | |
| 4. Has your driving privilege ever been revoked, suspended, cancelled or denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, When? _____ Where _____ Why? _____ | | |
| 5. Have you had any moving violations in the last four years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, How many? _____ | | |
| 6. Have you been convicted of driving under the influence of alcohol/drugs in the last seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any disabilities, illnesses or take any medication that affect your driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, disabilities/illness/medications _____ | | |
| 8. Would you like to be an organ donor and have that information indicated on your license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like your Social Security Number on your driver license or identification card? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would you like to register to vote or change your voter registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Would you like your name and address released for commercial sales? | <input type="checkbox"/> | <input type="checkbox"/> |

- 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 license to _____, whose relationship to me is _____. I understand that I can be held responsible for any liability caused by his/her negligence or willful misconduct in the operation of a motor vehicle. (NRS 483.300 and/or NRS 486.101.) I understand I may at any time have the permit/license cancelled and be released from liability to signing a cancellation request at the Driver License Office.

I also understand that before a license is issued she/he may need to present a Certificate of Completion from an approved Driver Education Course and that I will need to sign and submit a form to the department attesting that she/he has completed at least 50 hours of behind-the-wheel driving experience.

- AFFIDAVIT - INSTRUCTION PERMIT:** I, the undersigned, do hereby certify that I understand my instruction permit is valid for up to eight (8) months and I must carry it with me when I am driving. I understand the restrictions on my permit and agree to follow them.
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| <input type="checkbox"/> CLASS A, B & C INSTRUCTION PERMIT (Passenger car/pickup truck)
When driving I must be accompanied by a licensed driver who:
(a) is 21 years of age or older; and
(b) has at least one year of licensed driver experience; and
(c) is seated beside me. | <input type="checkbox"/> CLASS M OR M-Z INSTRUCTION PERMIT (Motorcycle or moped)
1. I may only drive during daylight hours;
2. I may not drive on limited access streets or highways.
3. I must be in direct visual supervision of a licensed motorcycle driver at all times who is 21 years of age or older;
4. I may not carry passengers. |
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DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security Number for the purpose of verifying your identity. This number must be given and will be used in the administration of driver's license laws as required by NRS 483.290.

I hereby certify that all statements in this application are true. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver license or identification card under NRS 483.420 and NRS 483.530, respectively.

Applicant Signature	Social Security Number
Parent/Guardian Signature	License No. or Identification No.
SUBSCRIBED AND SWORN to before me this _____	DMV Representative Signature
day of _____ 20 _____	