

AFFIDAVIT FOR MINOR TO BE LICENSED

APPLICANT'S NAME _____ SSN/DLN _____

PARENT/LEGAL GUARDIAN CERTIFICATION OF BEHIND-THE-WHEEL DRIVING EXPERIENCE

I, the undersigned, do hereby certify that I am the _____, of the
(RELATIONSHIP)
person named above, and that s/he, has had at least 50 hours of experience in driving a motor vehicle with a restricted license, instruction permit or restricted instruction permit issued pursuant to NRS 483.267, 483.270 or 483.280.

SIGNATURE OF PARENT/LEGAL GUARDIAN LICENSE NO. OR IDENTIFICATION NUMBER _____ DATE _____

SIGNATURE OF NOTARY PUBLIC OR DRIVERS LICENSE REPRESENTATIVE _____ DATE _____

IMPORTANT: If you live in a city or town with a population of 25,000 or more, or in a county with a population of 35,000 or more and your school does not offer Driver Education, you will need to provide a certificate of completion of a Driver Education Course provided by a School for Training Drivers that has been licensed by the Department of Motor Vehicles and Public Safety and has been approved by the department to certify drivers for licensure.

PUBLIC SCHOOL CERTIFICATION

I, the undersigned, do hereby certify that I attend _____
(NAME OF SCHOOL)
School, in _____, and that this school does not offer
CITY and COUNTY
driver's education as part of the curriculum.

Applicant's Signature _____ Date _____

Signature of School Official or Administrator _____ School Telephone Number _____

FOR DEPARTMENT USE ONLY

TYPE OF SCHOOL	NAME OF SCHOOL	DATE OF COMPLETION
<input type="checkbox"/> PROFESSIONAL DRIVING SCHOOL	_____	_____
<input type="checkbox"/> PUBLIC SCHOOL	_____	_____

CERTIFICATE NUMBER (IF APPLICABLE) _____

CERTIFICATION NOT REQUIRED:

- PUBLIC SCHOOL IN WHICH STUDENT IS ENROLLED DOES NOT OFFER AUTOMOBILE DRIVER EDUCATION
- TRANSFER VALID LICENSE FROM: STATE _____ CLASS _____ EXP. DATE _____

SIGNATURE OF DRIVERS LICENSE REPRESENTATIVE _____ DATE _____