



APPLICATION FOR COMMERCIAL DRIVING PRIVILEGES

☐ ORIGINAL ☐ RENEWAL ☐ DUPLICATE ☐ ADDRESS CHANGE ☐ LEARNER PERMIT ☐ CHANGE

Information in boxes **MUST** be completed prior to visiting a DMV representative. Please **PRINT** in black or blue ink only.

LICENSE OR PERMIT <input type="checkbox"/> Real ID <input type="checkbox"/> Standard		CLASSIFICATION <input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class B <input type="checkbox"/> Class M		ENDORSEMENTS (SEE REVERSE SIDE FOR DESCRIPTIONS) CDL <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X NCDL <input type="checkbox"/> F <input type="checkbox"/> J		
LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	SUFFIX	NEVADA DL/DAC/ID NUMBER
SOCIAL SECURITY NUMBER		DATE OF BIRTH	FULL LEGAL NAME ON BIRTH CERTIFICATE		BIRTHPLACE (STATE <u>AND</u> COUNTRY)	
SEX (CIRCLE 1) M F X	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"/> YES, print my mailing address on the front of my card (Except Real ID)			
PRIMARY PHYSICAL ADDRESS (PRINCIPAL RESIDENCE)			MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)			
CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE			
DAYTIME PHONE NUMBER (OPTIONAL) ()			EMAIL ADDRESS (OPTIONAL)			
CITIZEN	Are you a United States citizen?					<input type="checkbox"/> YES <input type="checkbox"/> NO
VOTER REGISTRATION	Are you 18 years or older?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you currently 17 and would like to preregister? You will be able to vote when you turn 18.					<input type="checkbox"/> YES <input type="checkbox"/> NO
	If you meet eligibility criteria, your voter registration will be transmitted to the Secretary of State (SoS). You will receive a notification from the county registrar allowing you to select a political party or opt-out. For more information regarding voter registration contact your local County Registrar or go to the SoS website: nvsos.gov/sos/elections . Your choice to register to vote or not and the place where you register are confidential and will not affect the assistance or services provided to you by the DMV. (NRS Chapter 293)					
	Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA). If applicable, check one of the following: <input type="checkbox"/> Domestic Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Citizen residing outside the U.S. (not applicable to those traveling/vacationing outside the U.S.)					
ORGAN DONOR	Would you like to be an organ donor and have that indicated on your license or identification card?					<input type="checkbox"/> YES <input type="checkbox"/> NO
If you would you like to donate \$1 or more to the anatomical gift account, indicate how much here: \$						
DRIVING HISTORY	Have you <u>ever</u> had a driver's license or identification card in another <u>name</u> ? If yes, under what name was it issued?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you <u>ever</u> had a driver's license or identification card in another <u>state</u> ? If yes, list all states you have ever had a driver's license or identification card: _____ License #: _____ Class/Type: _____ Expiration Date: _____					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your driving privilege <u>ever</u> been revoked, suspended, canceled, or denied? If yes, from which state(s): _____ Date: _____ Reason: _____					<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL HISTORY	Do you have a disability or missing extremity?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	Do you have any illness or take any medication that could affect your driving ability?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	If you answered YES to either question, please explain: NOTE: Some medical conditions may be indicated on your DL/DAC/ID. Form DLD7 must be completed by a physician.					
	Do you have an identified communications need?					<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, do you want a communications need indicator on your CDL/DL/ID?					<input type="checkbox"/> YES <input type="checkbox"/> NO
OFFICE USE ONLY		Individual ID #:		Drive	Written:	
Vision Acuity Correction		Reinstatement Info: _____				
With OR Without		Restrictions: _____				
		Endorsements: _____		1 st time HAZ ELDT: Y / N Verified by: _____		
LEFT BOTH RIGHT 20/___ 20/___ 20/___		PDPS/CDLIS: CLEAR HIT W/D: _____		CITES: _____ 2 nd HIT		
State: _____ DLN: _____						
Docs/Notes: _____		TSA Exp Date: _____		Document Validation:		
_____		MEC Exp Date: _____		2 nd Validation Completed: _____		
_____		Tech # & Initials _____				
_____		Issuance Type:				
_____		<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer				

→ TURN OVER →

SELECTIVE SERVICE	If you were born male and are at least 18 years of age but less than 26 years of age, you will be registered for Selective Service. If you are eligible but choose NO, you will no longer be eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, U.S. citizenship.		<input type="checkbox"/> NO , I am not eligible or do not wish to register
VETERAN	1	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, you must present proof of honorable discharge.	<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?	<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

DRIVER SELF-CERTIFICATION (NAC 483 & 49 CFR 383.71)	
<p>Choose one:</p> <input type="checkbox"/> INTERSTATE – May operate inside or outside Nevada <input type="checkbox"/> INTRASTATE – Restricted to operating within the borders of Nevada	
<p>Choose one:</p> <input type="checkbox"/> EXCEPTED – Medical Examination NOT Required <input type="checkbox"/> NON-EXCEPTED – Medical Examination Required	
ENDORSEMENTS (Learner Permits may only contain P, N and/or S Endorsements)	F Firefighter, Farmer, Active-Duty Military.
	J Class C vehicles: may tow vehicle(s) over 10,000 pounds (GVWR). The combination of vehicles may not exceed 70 feet in length or have a combined weight rating or a combined weight that exceeds 26,000 lbs. If the combination of the towing vehicle and the vehicle(s) being towed exceeds 26,000 lbs., a Class A license is required.
	H Hazardous Materials: a vehicle transporting hazardous materials requiring placarding as defined by USDOT regulations. A Transportation Security Administration background check is required before an H endorsement is issued.
	N Tank: a vehicle transporting any liquid or gaseous materials within a tank(s) having an individual rate capacity of more than 119 gallons and an aggregate rated capacity of 1,000 gallons or more that is permanently or temporarily attached to the vehicle or chassis.
	P Passenger – Operate a vehicle designed to transport 16 or more occupants, including the driver.
	S School Bus – Operate a school bus.
	T Doubles/Triples – Operate a vehicle referred to as a double or a triple.
	X Combined Tanker and Hazmat: a driver who qualifies for both tankers and hazardous materials (N and H).

LEARNER PERMIT	
I, the undersigned, do hereby certify that I understand my learner permit is valid for up to 180 days from date of issuance and I must carry it with me when I am driving. I understand the restrictions on my permit and agree to follow them.	Initial _____

DISCLOSURE STATEMENTS:	
The Privacy Act of 1974 is a federal law authorizing the use of your Social Security Number to verify identity. You are required to submit your Social Security Number so the state may administer laws related to licensing drivers (NRS 483.290).	
The driver's license or identification card application you are submitting will cause any driving record from your previous state to be transferred to Nevada and will show as surrendered. NRS 482.385 requires you to register each vehicle you own and operate within 30 days of becoming a resident.	
I, the undersigned, do hereby certify that I am not subject to any disqualification under 49 CFR 383.51, or any license disqualification under State law, and that I do not possess a driver's license from more than one State or jurisdiction. § 383.71	
I, the undersigned, do hereby certify that the motor vehicle in which I was administered the driving skills test is representative of the type of motor vehicle I operate/ expect to operate. § 383.71	
I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I understand that any and all other driver's licenses or identification cards issued by any other jurisdiction will be surrendered upon issuance of a Nevada license or identification card. I agree and understand that any misstatement of material facts may cause cancellation and/or denial of my license or identification card under NRS 483.420 and NRS 483.530 , respectively. I further understand that any misstatement of facts may be a misdemeanor or felony under NRS 483.530 and may be punishable pursuant to NRS 193.130 .	
Applicant Signature _____ Date _____	
Sworn before me this _____ Day of _____ 20_____	
Authorized DMV Representative/Notary Public _____	
Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once signed.	