



REQUEST FOR WAIVING FEES FOR RELEASED PRISONERS OR INMATES

NRS 483.417 and 483.825

I am submitting documentation from the Department of Corrections, county, city, or town jail verifying I was released from a prison or jail. I understand that the fees will be waived **one time only**, and this transaction will be performed at no cost.

The waiver of fees cannot be applied to a Commercial Driver's License.

I am requesting an original: ☐ Driver License ☐ Identification Card ☐ Instruction Permit

I am requesting a duplicate: ☐ Driver License ☐ Identification Card ☐ Instruction Permit

I am requesting a reinstatement of my: ☐ Driver License ☐ Instruction Permit

Choose One:

☐ Released from the Department of Corrections within the immediately preceding year.

☐ Released from a county, city, or town jail within the immediately preceding 90 days.

One time waiver of examination fee (\$25). Date fee waived: _____

Applicant's Printed Name: _____

Driver License/Identification Card Number (if known): _____

Date of Birth: _____

Primary Physical Address: _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____ Date: _____

DMV Representative: _____ Date: _____

***Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed.***