



RESTRICTED LICENSE INFORMATION

A restricted license may be obtained for a variety of reasons.

- Juveniles in certain rural areas who need to drive in order to attend school or to transport themselves or a family member to medical appointments may apply for a restricted license.
- Individuals who have had their license suspended or revoked and have served at least half of their withdrawal period may apply for a restricted license to drive on the job or to/from work, school, grocery store, medical appointments or for court-ordered child visitation.

Exceptions apply for ignition interlock requirements, child support suspensions and some juvenile suspensions. Please call the appropriate phone number above for the address of a DMV Restricted License office near you.

APPLICATION: *A restricted license cannot be approved for commercial driving purposes, to seek employment, or for public school students in Carson City, Clark, Douglas or Washoe Counties.*

Complete all sections of the Application for Restricted License that pertain to you. Attach all required documents.

- Drive to/from work or drive on the job: Your employer must complete certain information on the application. Self-employed applicants must attach a copy of their business license or other acceptable document(s) to substantiate self-employment. Workdays and hours are limited to a maximum of six (6) days per week, ten (10) hours per day.
- Drive for medical purposes: A physician's statement is required.
- Drive to/from medical appointments or a grocery store: The "Verification of Need" affidavit must be completed by an unbiased individual and signed in front of a DMV authorized representative.
- Minor drive to/from school or work: School authorities and parents/guardians must complete certain sections.

SR-22: Proof of financial responsibility (SR-22 Certificate of Insurance) must be filed after any revocation and certain suspensions before a restricted license will be issued. The SR-22 insurance must be in place for a continuous three (3) year period from the date your driving privilege is reinstated.

TESTING & FEES: Applicants may be required to successfully complete written, vision, and drive examinations before a restricted license is issued. A reinstatement fee may be required.

IGNITION INTERLOCK DEVICE: If you have been ordered to install an ignition interlock device on your vehicle, proof of that installation must be submitted with your application for a restricted license. Nevada law requires that an applicant wait 45 days after a 1st DUI and one (1) year after a 3rd DUI before applying for a restricted license. A restricted license is prohibited by law after a 2nd DUI.

POINT VIOLATOR SUSPENSION: Per NAC 483.225, proof of completion or enrollment in an approved traffic safety course within the past 6 months is required for individuals whose license was suspended due to an accumulation of demerit points as outlined in NRS 483.475.

DENIAL OF AN APPLICATION: A restricted license application will be denied if your license was suspended or revoked for any of the following:

1. A financial responsibility, medical or failure to appear suspension
2. Certain driving record convictions within the past five (5) years
3. The third demerit point suspension within the past five (5) years



Field Services Division
 Reno/Carson City 684-4DMV
 Las Vegas 486-4DMV
 Rural NV (877) 368-7828
www.dmvnv.com

APPLICATION FOR RESTRICTED LICENSE

INSTRUCTIONS: Please type or print in **black** ink. Failure to complete all applicable sections will cause considerable delay in processing your application. You will be notified by mail of your approval or denial and provided instructions on how to pick up your license. Bring, mail or fax this completed application to the DMV Restricted License office in your area:

Northern Nevada	305 Galletti Way, Reno NV 89512	Fax: (775) 684-3587
Southern Nevada	1399 American Pacific Drive, Henderson NV 89074	Fax: (702) 486-1300

REQUEST TO DRIVE: To/from work To/from school For medical purposes
 On the job for work-related purposes To/from grocery store

APPLICANT INFORMATION

Name _____ Home Phone _____
Last First Middle

Residential Address _____ City/Zip _____

Mailing Address (if different) _____ City/Zip _____

County _____ Driver's License # _____ Social Security # _____ Date of Birth _____

Does a licensed driver (not applicant) reside in the household? Yes No If "Yes," name: _____

Relationship to Applicant _____ Driver's License # _____

DO YOU HAVE A COURT ORDER FOR THIS LICENSE? Yes No If "Yes," attach a copy of the court order to this application.

If you are a male at least 18 and less than 26 years of age, would you like to register with the Selective Service? By registering, you remain eligible for federal student loans, grants, job training benefits, most federal jobs and, if applicable, U.S. citizenship. **If YES, initial here:** _____

SECTION A: DRIVE TO/FROM WORK; DRIVE ON THE JOB FOR WORK-RELATED PURPOSES

This license is effective only for employment designated on this application.

Most direct route from home to work _____

Exact # miles from your home to work, via most direct route _____

➤ Are you self-employed? Yes No *If "Yes," provide a copy of your business license or other substantial proof.*

EMPLOYERS AND SELF-EMPLOYED APPLICANTS COMPLETE THE FOLLOWING:

Business name _____ Phone _____

Business address/city/zip _____

Days applicant works _____ Exact hours: _____ am/pm to _____ am/pm

Applicant **required** to drive during work hours? Yes No If so, specify areas where applicant must drive (city, work yard, etc.)

VERIFICATION OF EMPLOYMENT (TO BE COMPLETED BY EMPLOYER)

I AM AUTHORIZED TO PROVIDE THE INFORMATION INDICATED ABOVE AND VERIFY THAT THE APPLICANT IS CURRENTLY EMPLOYED WITH THIS BUSINESS. I FURTHER CERTIFY THAT I WILL NOTIFY THE NEVADA DMV IF THIS EMPLOYEE TERMINATES EMPLOYMENT.

Signature of Applicant's Superior _____ Date _____

Print Name/Title _____

SECTION B: DRIVE TO/FROM GROCERY STORE

Name of grocery store _____ Address _____
Most direct route from home to store _____
Exact # miles from your home to store, via most direct route _____
Specify 2 days per week for travel: (1) _____ (2) _____ Two hours: _____ am/pm to _____ am/pm
➤ "Verification of Need" must be completed - see Section F, "AFFIDAVITS, VERIFICATIONS"

SECTION C: DRIVE TO/FROM MEDICAL APPOINTMENTS - MEDICAL HARDSHIP IN FAMILY

Name of household member with medical condition _____ Person's Social Security # _____
Nature of medical condition _____
Name of medical provider _____ Phone # _____
Address of medical provider _____
Most direct route from home to medical provider _____
Exact # miles from your home to medical provider, via most direct route _____
Dates of medical appointments _____ Time _____ am/pm (attach additional sheets if necessary)

- Attach statement from medical provider, on provider's letterhead and dated within the past thirty (30) days. Must include (1) description of medical condition, (2) prescribed medications, (3) verification that medical condition renders person unable to operate a motor vehicle, (4) whether medical condition is temporary or permanent, (5) if temporary, estimated time for recovery, (6) any recommended restrictions. (NAC 483.266)
- "Verification of Need" must be completed - see Section F, "AFFIDAVITS, VERIFICATIONS"

SECTION D: DRIVE TO/FROM SCHOOL

Per NRS 483.270, public school students from Carson City, Clark, Douglas and Washoe Counties are not eligible for a to/from school restricted license.

STUDENTS AGE 14-18: This license shall be issued for the current school year only and used exclusively for academic purposes, NOT extracurricular activities. The route shall be travelled on scheduled school days only, no more than once daily. Do not exceed posted speed limits.

- If minor's license was revoked or suspended under NRS 62, "Juvenile Justice," attach certified copy of court order authorizing restricted driving privileges to and from school and/or work.
- If minor is employed and needs to drive to/from work, also complete Section A of this form.
- If home is less than 2 miles from school and student cannot walk, must submit physician statement meeting criteria of NAC 483.267.

Why is it impossible or impractical to provide transportation for this student? _____

Most direct route from home to school _____
Exact # miles from your home to school, via most direct route _____
Specify days of week for travel _____ Hours: _____ am/pm to _____ am/pm

SCHOOL VERIFICATION (TO BE COMPLETED BY SCHOOL AUTHORITY)

School name _____ Phone _____
Address _____

1. Is the student's enrollment in this school based on an approved variance? Yes No
2. Does the school provide bus transportation or transportation for hire to the student's residential area? Yes No
3. Dates of school semesters: (1st) Begins _____ Ends _____ (2nd) Begins _____ Ends _____
4. Exact hours student attends school (exclude extracurricular activities) From _____ am/pm to _____ am/pm

THE UNDERSIGNED ATTESTS THAT THE INFORMATION PROVIDED IS ACCURATE ACCORDING TO SCHOOL RECORDS.

Signature _____ Date _____
Print Name/Title _____

SECTION E: DRIVE TO/FROM COURT-ORDERED CHILD VISITATION

Address where child(ren) reside, including city _____
Most direct route from home to school _____
Exact # miles from your home to child's residence, via most direct route _____
Specify days of week for travel _____ Hours: _____ am/pm to _____ am/pm

- Attach certified copy of court order authorizing restricted driving privileges to and from child visitation (NAC 483.252).

SECTION F: AFFIDAVITS, VERIFICATIONS: Complete this section only if you have completed sections B or C

A *Notary Public* may verify any of the signatures below in place of a DMV representative (*Notary statement and seal must be attached*).

VERIFICATION OF NEED. This verification must be completed by an unbiased person (*neighbor, social worker, clergyman*) not residing in the household and signed before a person authorized to administer oaths (NRS 483.300).

Print name _____ Phone _____

Address/city/zip _____

Relationship to applicant _____

Explain applicant's inability to obtain other method of transportation _____

Describe applicant's or family member's medical problems (if applicable) _____

Signature _____ Date _____

Authorized DMV Representative _____ Print name _____

APPLICANT AFFIDAVIT (TO BE SIGNED BY ALL APPLICANTS)

I UNDERSTAND THAT MY RESTRICTED LICENSE WILL BE CANCELLED BY THE DEPARTMENT IF:

1. I am convicted of a traffic violation which is assigned 4 or more demerit points.
2. My driving privilege is suspended, revoked or cancelled for any reason other than the reason I am applying for this license.
3. I fail to maintain proof of financial responsibility as required by NRS 485.307.
4. I fail to notify the DMV in writing whenever I change my address, employment or any other information included in this application within 10 days after the change occurs. I understand this change must be submitted to the same office where I am applying for this license. (NRS 483.240)
5. I fail to submit proof of completion or enrollment in an approved traffic safety school if required by NAC 483.225.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELLATION OF MY RESTRICTED LICENSE, AND THAT FAILURE TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

➤ Applicant Signature _____ Date _____

Authorized DMV Representative _____ Print name _____

PARENT/GUARDIAN AFFIDAVIT (TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN OF MINOR APPLICANT)

Father's/Guardian's name _____ Driver's license # _____

Address _____ Home phone _____

Employer's name/address _____

Work days/hours _____ Work phone _____

Mother's/Guardian's name _____ Driver's license # _____

Address _____ Home phone _____

Employer's name/address _____

Work days/hours _____ Work Phone _____

I CERTIFY THAT I AM THE PARENT OR GUARDIAN OF THE APPLICANT AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE CORRECT. I UNDERSTAND THAT ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELLATION OF THE LICENSE. I ACCEPT LIABILITY FOR ANY NEGLIGENCE OR WILLFUL MISCONDUCT BY THE MINOR AND AGREE THAT FAILURE OF THE MINOR TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

Parent/Guardian Signature _____ Date _____

Authorized DMV Representative _____ Print name _____

FOR DEPARTMENT USE: Verified _____ Date _____

SR-22: Needed Filed No Traffic Safety School: Yes No

PDPS: No Match LIC ELG NOT State _____ Number _____

Approved Denied Reason Denied _____

Eligibility Date _____ Expiration Date _____ Restricted License No. _____