



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada (877) 368-7828
 Website: www.dmvnv.com

Application For Approval To Drive With Biotopic Lenses

Driver

Name _____

Date of Birth _____ Social Security Number _____

Mailing Address _____

Have you ever been licensed in a state other than Nevada? Yes No

If Yes, State? _____ DL No. _____ Exp. Date _____

Applicant Signature _____ Date _____

Licensed Vision Specialist

Static acuity through the telescopic portion of the devise _____

	Right	Left	Both
Best corrected vision through the carrier lens	20 /	20 /	20 /

Field of vision _____ degrees Is the condition **stable** or **progressive** (circle one)

The following license restrictions are required for drivers who wear biotopic lenses:

- Corrective Lenses
- Outside mirrors on both sides of vehicle
- Daylight driving only
- Speed not to exceed 45 m.p.h.
- Yearly vision examination
- Yearly driving examination
- Biotopic telescopic lenses

Do you recommend any additional driving restriction? _____

Physician's Signature _____ Date _____

For Department Use Only

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Drive history record checked. State _____ Comments _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision meets standards Comments _____
<input type="checkbox"/>	<input type="checkbox"/>	Approved to continue with licensing process Comments _____

DMV Representative Signature _____ Date _____