



## RESTRICTED LICENSE INFORMATION

NRS 483.250, 483.2521, 483.267-280, 483.360, 483.464, 483.490, and 484C.394

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.
- Individuals who have been ordered by the courts to participate in Nevada's 24/7 Sobriety and Drug Monitoring Program will be eligible to receive a restricted license to drive on the job or to/from work, to receive regularly scheduled medical care for themselves, alcohol and prohibited substance testing locations, court, and counseling.

**NOTE:** Individuals who have had their license suspended or revoked caused by driving under the influence or failing to submit to evidentiary testing will not qualify for a restricted license and will have the option to reinstate their driving privileges, as long as an Ignition Interlock Device has been installed on any vehicle they operate.

Exceptions apply for court orders, 24/7 Sobriety and Drug Monitoring Program, child support suspensions and some juvenile suspensions. Please call the phone number listed above if any of these exceptions pertain to 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. If applying for a restricted license through the 24/7 Sobriety and Drug Monitoring Program, complete sections A, C, F, G, and H. 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: May include family medical needs if not in the 24/7 Program. 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.

**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



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. Mail or fax this completed application to the DMV office noted above.

REQUEST TO DRIVE: [ ] To/from work [ ] To/from school
[ ] On the job for work-related purposes [ ] For medical purposes
[ ] 24/7 Sobriety and Drug Monitoring Program [ ] To/from grocery store

APPLICANT INFORMATION

Name Last First Middle Home Phone
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.

WERE YOU ORDERED BY A COURT TO PARTICIPATE IN THE 24/7 SOBRIETY AND DRUG MONITORING PROGRAM?
[ ] 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 I, "AFFIDAVITS, VERIFICATIONS"

**SECTION C: DRIVE TO/FROM MEDICAL APPOINTMENTS FOR YOURSELF OR AN IMMEDIATE FAMILY MEMBER**

Name of person with medical condition \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
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)

- If you were ordered to participate in the 24/7 Sobriety and Drug Monitoring Program, this section must detail regularly scheduled medical appointments for yourself, ONLY. Any family related medical appointments are not permitted (NRS 483.490).
- 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 I, "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 any posted speed limit. You are not authorized to travel faster than 55 mph on any road.

- 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: DRIVE TO/FROM TESTING LOCATION**

Name of testing facility \_\_\_\_\_ Address \_\_\_\_\_  
Most direct route from home to testing facility \_\_\_\_\_  
Exact # miles from your home to testing facility, via most direct route \_\_\_\_\_

**SECTION G: DRIVE TO/FROM COURT-APPEARANCES**

Name of court \_\_\_\_\_ Address \_\_\_\_\_  
Most direct route from home to court \_\_\_\_\_  
Exact # miles from your home to court, via most direct route \_\_\_\_\_  
Specify day(s) court appearance(s) are required: \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
\_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
\_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**SECTION H: DRIVE TO/FROM COUNSELING**

Name of counseling facility \_\_\_\_\_ Address \_\_\_\_\_  
Most direct route from home to counseling facility \_\_\_\_\_  
Exact # miles from your home to counseling facility, via most direct route \_\_\_\_\_  
Specify day(s) counselling is required: \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
\_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
\_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**SECTION I: 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.
6. Failure to comply with the conditions of the 24/7 Sobriety and Drug Monitoring Program

*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 neglect 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 \_\_\_\_\_