



## 24/7 RESTRICTED LICENSE INFORMATION

### NRS 484C.392

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 24/7 Restricted License that pertain to you. A court order for the 24/7 Program must accompany this application. 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 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, sworn officer, or notary public. A physician's statement is also required.
- Drive to/from: Testing locations, court appearances, and counseling appointments.

**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.

**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



## 24/7 APPLICATION FOR RESTRICTED LICENSE

### NRS 484C.394

**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  For medical purposes
- On the job for work-related purposes  To/from grocery store
- 24/7 Sobriety and Drug Monitoring Program

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Residential Address: \_\_\_\_\_  
Street City Zip Code

Mailing Address (if Different): \_\_\_\_\_  
Street City Zip Code

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 #: \_\_\_\_\_

**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



**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 "Yes", 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 VERY THAT THE APPLICANT IS CURRENTLY EMPLOYED WITH THE 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 G, "AFFIDAVITS, VERIFICATIONS"**

**SECTION C: DRIVE TO/FROM MEDICAL APPOINTMENTS**

Nature of medical condition: \_\_\_\_\_

Name of medical provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

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)

➤ **This section must detail regularly scheduled medical appointments for yourself, ONLY. Any family related medical appointments are not permitted (NRS 483.490).**

➤ **"Verification of Need" must be completed - see Section G, "AFFIDAVITS, VERIFICATIONS"**

**SECTION D: 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 E: DRIVE TO/FROM COURT-APPEARANCES**

Name of court: \_\_\_\_\_ Address: \_\_\_\_\_  
 Most direct route from home to court: \_\_\_\_\_  
 Exact # miles from your home to testing court, via most direct route: \_\_\_\_\_  
 Specify days of week for travel: \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm  
 \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm  
 \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

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

Name of counseling facility: \_\_\_\_\_ Address: \_\_\_\_\_  
 Most direct route from home to court: \_\_\_\_\_  
 Exact # miles from your home to testing court, via most direct route: \_\_\_\_\_  
 Specify days of week for travel: \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm  
 \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm  
 \_\_\_\_\_ Hours: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

**SECTION G: AFFIDAVITS, VERIFICATIONS**

Complete this section only if you have completed section B or C.

*A Sworn Officer or 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: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_