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Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
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EXPEDITED SERVICE PERMIT APPLICATION

NRS426.441

Nevada law allows for issuance of an Expedited Service Permit for individuals with a permanent (irreversible) disability. This permit entitles a person to expedited service from any officer or employee of a State agency providing public services. The Expedited Service Permit is valid for 10 years from date of issuance.

Original and duplicate application for an Expedited Service Permit must be made in person.

☐ Original Application ☐ Duplicate or Change ☐ Renewal

Please Print or Type

Full Legal Name
(Disabled Person) _____
First Middle Last

Nevada Driver's License or Identification Card Number _____ Date of Birth ____/____/____

Physical Address _____ _____
Address City State Zip Code

Mailing Address _____
Address City State Zip Code

County of Residence _____ Telephone No. _____ Email Address _____

I currently have Disabled License Plate number _____ I currently have Disabled Placard(s) number(s): _____

I understand that it is unlawful for any individual other than myself to use or attempt to use this Expedited Service Permit and that a person who violates this provision is guilty of a misdemeanor.

Signature of Applicant _____ Date _____

Fees for original, duplicate, or renewal:
65 years of age or older - $7.25
Under 18 years of age - $6.25
All others - $12.25
New photograph, change of name or both - $7.25

A LICENSED PHYSICIAN MUST COMPLETE THIS PORTION

Do not complete this section for renewal or duplicate if you have previously provided the Nevada Department of Motor Vehicles with a physician's certificate indicating an irreversible condition.

As a physician for the above-named patient, I hereby certify that the applicant:

1. _____ Cannot walk two hundred feet without stopping to rest
2. _____ Cannot walk without the use of a brace, cane, crutch, wheelchair, or other device or another person
3. _____ Has a cardiac condition to the extent that functional limitations are classified as a Class III or Class IV according to standards adopted by the American Heart Association
4. _____ Is restricted by a lung disease
5. _____ Is severely limited in his/her ability to walk because of an arthritic, neurological, or orthopedic condition
6. _____ Has a disability that affects vision
7. _____ Uses portable oxygen

I further certify that my patient's condition is a:

☐ **Permanent Disability** (irreversible, permanently disabled in his/her ability to walk, certification is valid indefinitely)

Physician's Name _____
First Middle Last

Mailing Address _____
Address City State Zip Code

Physician's License No. _____ Telephone No _____

Physician's Signature _____ Date _____