

DECLARATION OF HOMELESS STATUS

This form must be submitted along with a DMV-002 (Application for Driving Privileges or ID Card).

LAST NAME (Please Print)	FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS WHERE I AM STAYING			
CITY	STATE	ZIP	

<p style="text-align: center;">25 AND OLDER NRS 483.417 and NRS 483.825</p> <p>I am requesting a duplicate:</p> <p><input type="checkbox"/> Non-Commercial Driver's License <input type="checkbox"/> Instruction Permit <input type="checkbox"/> Identification Card</p> <p>Fees will be waived one time only and you must reimburse the Department the cost of the photo fee when you renew your card, if employed at that time.</p>	<p style="text-align: center;">UNDER 25 483.410 and 483.820</p> <p>I am requesting an/a:</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Duplicate <input type="checkbox"/> Renewal</p> <p>(Choose one)</p> <p><input type="checkbox"/> Non-Commercial Driver's License <input type="checkbox"/> Driver Authorization Card <input type="checkbox"/> Instruction Permit <input type="checkbox"/> Identification Card</p> <p>All fees for this issuance will be waived one time only and are not required to be reimbursed at any time.</p>
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I hereby certify under penalty of perjury that all statements in this application are true and correct. I agree and understand that any misstatement of material facts may cause cancellation and/or denial of my driver's license, instruction permit or identification card under NRS 483.420 and 483.530. I further understand that any misstatement of facts may be a misdemeanor or felony under NRS 483.530 and may be punishable pursuant to NRS 193.130.

SIGNATURE OF APPLICANT	DATE
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*Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed.*