



Field Services Division
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada (877) 368-7828
 Fax: (775) 684-4992
 Website: www.dmvnv.com

Beginning Driver Experience Log - NRS 483.2521

Must be completed prior to arriving for the drive test appointment

Applicant's Name _____

Instruction Permit or Restricted License No. _____

- Beginning drivers under 18 years of age must complete 50 hours (3,000 minutes) of supervised driving experience in a motor vehicle as a condition of receiving a full driver license. Ten hours (600 minutes) of this experience must be completed in darkness. *If applying for a motorcycle license only, all 50 hours must be completed during daylight hours on a motorcycle.*
- There are three options for meeting the driver's education requirements:
 - Take a driver's education course at any locally offered and DMV approved school;
 - Take driver's education on-line with a DMV approved school; or
 - In rural areas where a driver course is not offered within a 30-mile radius of the beginning driver's residence, and it is not possible for you to access the internet for a driver's education class, you must complete 100 hours (6,000 minutes) of supervised experience, 10 hours (600 minutes) of which must be completed in darkness. If applying for a motorcycle license only, all 100 hours must be completed during daylight hours on a motorcycle.**
- Beginning drivers and their parent or guardian are required to keep a log of the dates and times of the supervised experience using the reverse side of this form. Please document your driving experience at each occurrence using blue or black ink. No gel pens or pencil will be accepted. Use additional log sheets as necessary.
- All completed log sheets and a Certificate of Completion of a driver education course (if required) must be submitted prior to the driving skills test.**

Parent/Legal Guardian Certification of Behind-The-Wheel Driver Experience

I, the undersigned, do hereby certify that I am the _____, of the person named above,
Relationship
 and that he/she has completed the required number of hours of behind-the-wheel driving experience with a restricted license, instruction permit or restricted permit issued pursuant to NRS 483.267, 483.270 or 483.280.

 Signature of Parent/Legal Guardian

 License/ID Number

 Date

 Signature of Notary Public or Field Services Representative

 Date

FOR DEPARTMENT USE ONLY

Type of School	Name of School	Date of Completion
Professional Driving School	_____	_____
Public/Private School	_____	_____
Certificate Number, if applicable	_____	

Certification Not Required

Transfer valid license from: State _____ Class _____ Expiration Date _____

Live in rural area where course is not offered. County/ City _____

Signature of Field Service Representative _____ Date _____

