



Field Services Division  
 Reno/Carson City 684-4DMV  
 Las Vegas 486-4DMV  
 Rural NV (877) 368-7828  
[www.dmvnv.com](http://www.dmvnv.com)

## CHILD SUPPORT RESTRICTED LICENSE APPLICATION

**INSTRUCTIONS:** Please type or print in **black** ink and complete sections on the front and reverse side that apply to your request. Your employer must complete the employment section for work related driving. If child visitation is requested, a certified copy of the court order authorizing visitation must accompany the application. Deliver or mail to the DMV office in your area. Please call one of the phone numbers listed above for the address of the location nearest you.

SSN/ DL/ ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Resident Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Request to Drive:  To and from Work \_\_\_\_\_ exact miles one-way via the most direct route  
 Commercial driving  Drive on the job for work-related purposes  
 To obtain medical care  For child visitation  To the grocery store

Does a licensed driver (**not applicant**) reside in the household?  Yes  No If Yes, name \_\_\_\_\_

His/her driver license number \_\_\_\_\_ License driver's employer \_\_\_\_\_

Address/City \_\_\_\_\_ Days and hours license driver works \_\_\_\_\_

I CERTIFY, UNDER PENALTY OF PERJURY, ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELATION OF THE RESTRICTED LICENSE, AND THAT FAILURE TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYER AND SELF-EMPLOYED APPLICANTS COMPLETE THE FOLLOWING:

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Location \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Days and hours (specify am/pm) applicant works \_\_\_\_\_

Is the applicant required to drive during work hours?  Yes  No If Yes, applicant drives  Private vehicle  Company vehicles

During work hours in the \_\_\_\_\_ area (specify city)

### EMPLOYER COMPLETES VERIFICATION OF EMPLOYMENT:

I CERTIFY I AM AUTHORIZED TO PROVIDE THE INFORMATION INDICATED ABOVE AND TO VERIFY THAT THE APPLICANT IS CURRENTLY EMPLOYED WITH THIS BUSINESS. I FURTHER CERTIFY THAT I WILL NOTIFY THE FIELD SERVICES DIVISION IF THIS EMPLOYEE TERMINATES EMPLOYMENT.

Authorized signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_

## APPLICATION CONTINUES ON THE REVERSE SIDE

### FOR DEPARTMENT USE:

Verified \_\_\_\_\_ Date \_\_\_\_\_

SR-22:  Needed  Filed  No Traffic Safety School:  Yes  No  
 PDPS:  No Match  LIC  ELG  NOT State \_\_\_\_\_ Number \_\_\_\_\_  
 Approved \_\_\_\_\_ Eligible Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Restricted License Number \_\_\_\_\_  
 Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

**MEDICAL PURPOSES**

(APPLICANT COMPLETES TO DRIVE FOR MEDICAL PURPOSES)

Purposes:  Drive myself for medical care  
 Drive a family member for medical care  
Name of family member \_\_\_\_\_ Relationship \_\_\_\_\_  
Is family member a licensed driver?  Yes  No

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

Name of physician \_\_\_\_\_

Physician Address/City \_\_\_\_\_ Physician Phone \_\_\_\_\_

Date of medical appointment(s) \_\_\_\_\_ Time \_\_\_\_\_  
(Attach additional sheets if necessary)

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**CHILD VISITATION**

(APPLICANT COMPLETES TO DRIVE FOR CHILD VISITATION)

A certified copy of the court order authorizing visitation must be attached.

Days visitation is requested \_\_\_\_\_ Hours \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Address where child(ren) reside(s) \_\_\_\_\_ City \_\_\_\_\_

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**GROCERY STORE**

(APPLICANT COMPLETED TO DRIVE TO THE GROCERY STORE)

Name of store \_\_\_\_\_ Address/City \_\_\_\_\_

Exact mileage from residence to grocery store via the most direct route \_\_\_\_\_

Specify two days per week \_\_\_\_\_ and \_\_\_\_\_ Specify hours (maximum two) \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm