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## Application for Alternate Address

This application is used to request an alternate Nevada residential address be printed on the face of my Advanced Secure driver's license or identification card. I understand this application must be approved by a DMV representative and additional documents to support my application may be requested.

Customer Information			
Full Legal Name			
Actual Residence Address	City	State	Zip
Mailing Address if Different	City	State	Zip
DL/ID Number	Social Security Number		

I, \_\_\_\_\_, do hereby certify that I am:

- A Category I peace officer as defined by NRS 289.460
- A Category II peace officer as defined by NRS 289.470
- A State officer as defined by NRS 293.109
- Authorized to suppress my residential address by state or federal law or suppressed by a court order (copy must be provided)

I request the following alternate residential address be printed on the face of my driver's license or identification card.

Alternate Address \_\_\_\_\_

City \_\_\_\_\_ State: NV Zip \_\_\_\_\_

<p><b>For Law Enforcement Personnel Only</b>          An authorized signature is required to apply for an alternate residential address on your Advanced Secure card.</p> <p>Authorized Signature _____          (Sheriff, Chief, etc.)</p> <p>Printed Name and Title of Authorized Personnel _____</p>
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**DISCLOSURE STATEMENT:** The Privacy Act as passed by the United States Congress authorizes the use of your Social Security number for the purpose of verifying your identity. This number must be provided and will be used in the administration of driver license laws as required by NRS 483.290.

**I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver license or identification card under NRS 483.420 and NRS 483.530, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under NRS 483.530, and may be punishable pursuant to NRS 193.130.**

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date