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 Las Vegas Area (702) 486-4DMV (4368)  
 Rural Nevada (877) 368-7828  
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## Application For Approval To Drive With Biotopic Lenses

### Driver

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Have you ever been licensed in a state other than Nevada?  Yes  No

If Yes, State? \_\_\_\_\_ DL No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

### Licensed Vision Specialist

Static acuity through the telescopic portion of the device \_\_\_\_\_

	Right	Left	Both
Best corrected vision through the carrier lens	20 /	20 /	20 /

Field of vision \_\_\_\_\_ degrees Is the condition **stable** or **progressive** (circle one)

The following license restrictions are required for drivers who wear biotopic lenses:

- Corrective Lenses
- Daylight driving only
- Yearly vision examination
- Biotopic telescopic lenses
- Outside mirrors on both sides of vehicle
- Speed not to exceed 45 m.p.h.
- Yearly driving examination

Do you recommend any additional driving restriction? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Department Use Only

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Drive history record checked. State _____ Comments _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision meets standards Comments _____
<input type="checkbox"/>	<input type="checkbox"/>	Approved to continue with licensing process Comments _____

DMV Representative Signature \_\_\_\_\_ Date \_\_\_\_\_