



Commercial Drivers License
 555 Wright Way, Carson City
 810 E. Greg St, Sparks, NV 89431
 4110 Donovan Way, N Las Vegas, NV 89030
 3505 Construction Way, Winnemucca, NV 89445
 3950 E. Idaho St, Elko, NV 89801
 178 N. Avenue F, Ely, NV 89301

THIRD PARTY CERTIFIER APPLICATION

NRS 483.912, NAC 483.125 to 483.197

Original Certification Recertification

Part I – To be completed by Certifier

Name: _____

Employer: _____ Telephone: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street/PO Box City State Zip

⇓⇓ CONFIDENTIAL INFORMATION ⇓⇓

Driver's License Number: _____ State: _____ Exp. Date _____

Vehicle Class: A B C M Endorsements: T P N H S X

Social Security No: _____ Date of Birth: _____

- | | | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you ever had a driver's license in another state?
If Yes, what states? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification? If Yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement? If Yes, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you operated a commercial motor vehicle for at least two years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your position with your present employer? _____ | | | |
| 7. How long have you worked for this employer? _____
If less than two years, where did you work before and for how long? _____ | | | |

I certify under penalty of perjury that the information on this application is true and accurate. I authorize the Department of Motor Vehicles to conduct any background investigation necessary to evaluate my driving, employment or credit history.

Signature: _____ Date: _____

Part II – To be completed by Employer

I certify I am an authorized representative of _____
Name of Company

and request the Department of Motor Vehicles review the application of _____
Name of Certifier

and if qualified, to enroll him/her in the authorized class for third party certification of driving ability.

Name: _____ Title: _____

Signature: _____ Date: _____

      **DEPARTMENT USE ONLY**       

Application reviewed by: _____ Date: _____

Nevada Record Check: Yes No Date: _____

CDLIS check: Yes No PDPS check: Yes No Date: _____

Other (please explain) : _____

Approved: Denied: Enrolled in Class Number: _____

Certifier Number _____ Company Number _____

Enrolled in Class Number: _____ Class Dates _____

CDL Supervisor Signature: _____ Date: _____