



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:

- 1. Have you ever had a driver's license in another state?
2. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification?
3. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years?
4. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement?
5. Have you operated a commercial motor vehicle for at least two years?
6. What is your position with your present employer?
7. How long have you worked for this employer?

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: _____