



Occupational and Business Licensing  
555 Wright Way  
Carson City, Nevada 89711  
(775) 684-4690  
www.dmvnv.com

**Days and Hours of Operation**

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Training Vehicle Information**

Vehicle Identification Number	Make	Model	Year	Lease

I hereby certify to the Department of Motor Vehicles that the above statement is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date