



Central Services and Records Division
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CERTIFIED PUBLIC ACCOUNTANT'S
AFFIDAVIT OF AUDIT AND CURRENT FINANCIAL RATIO

Self-Insurance Applicant: _____

Name of Nevada Certified Public Accounting Firm: _____

Nevada Certified Public Accountant (CPA) License Number: _____

CPA's Address: _____

CPA's Telephone Number: (_____) _____ - _____

Required Financial Ratio information:

Total Current Assets: \$ _____

Total Current Liabilities: \$ _____

Current Financial Ratio: _____ %

I, the undersigned, being duly sworn, attest the financial statements of the above-mentioned Self-Insurance Applicant, _____, have been audited.

NOTE: TO BE SIGNED BY A NEVADA LICENSED CERTIFIED PUBLIC ACCOUNTANT ONLY (NAC 485.060).

CPA's Printed Name _____

Signature _____

Date _____

NOTARIZATION:

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this _____ day of _____, _____.

[Seal]

Notary Public Signature: _____

My Commission Expires: _____