

### THIRD PARTY COMPANY & SCHOOL APPLICATION

NRS 483.912, NAC 483.125 to 483.197

**Please print or type**

Name of Company or School: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Company type, select one of the following:**

Government: <input type="checkbox"/> No <input type="checkbox"/> <b>Yes, select one of the following:</b> <input type="checkbox"/> Public School <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local:
Non-Government: <input type="checkbox"/> CDL Employer <input type="checkbox"/> Other:

**To be completed by School for training drivers:**

DMV Business License Number: _____	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation    Incorporated in State of: _____	
<b>OWNERSHIP:</b> List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.	
NAME (LAST, FIRST, MIDDLE)	TITLE



## Leased Vehicles

A copy of your current lease documents is required if your company is not shown on the registration records of the Department of Motor Vehicles. If the number of vehicles leased or owned by you falls below the minimum number required, your third party testing certification will be suspended. Labor leasing companies may submit a contract as proof, showing that vehicles of the specified classification(s) are available to the employer for the testing and training of drivers as required.

## Vehicle Inspections

All vehicles used to administer CDL skills tests must be inspected annually by a registered garage or licensed body shop or an inspector or mechanic meeting the qualifications of 49 C.F.R. § 396.19. DMV form CDL-048 Third Party Company or School Vehicle Inspection must be submitted with this application and kept in the company files for audits.

## Skills test appointments & scores

To qualify as a Third Party Company or School you must use the Commercial Skills Testing Information Management System (CSTIMS). This system allows skills test appointments and tests scores to be recorded. Using this system you agree to input only valid NV CLP holders your company or school is authorized to certify. The company or school, and its certifiers certification status will be revoked for not using, or any misuse of CSTIMS.

## Bonding

To qualify as a third party company or school, you are required to maintain a bond based on the number drivers tested each calendar year.

- \$35,000 bond if skills testing 0-100 applicants
- \$70,000 bond if skills testing 101-200 applicants
- \$100,000 bond if skills testing 201-300 applicants
- \$175,000 bond if skills testing 301 or more applicants

Exception: A third party company or school that is a government entity is not required to maintain a bond.

Please indicate how many applicants you anticipate testing each calendar year: \_\_\_\_\_

Please complete this application and return it to the Department at the location indicated:

4110 Donovan Way, N Las Vegas, NV 89030       890 Trademark Dr., Reno, NV 89521

If your company qualifies, you will be assigned a company number that must be used when completing the Certification of Driving Ability forms. Upon approval of your application, the fee for certification is \$556, annually.

**NOTE:** All facts entered on any of these forms are subject to verification by the Department of Motor Vehicles. The Department will use the information to determine if your company or school qualifies to certify the driving skills of your employees or students.

If your company or school has more than one location in Nevada from which the Certification of Driving Ability may be issued, list them below. Include only those branch locations where drivers take part in your driver testing and training program.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DEPARTMENT USE ONLY</b>			
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
Application Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Bond Amount: _____	Date: _____
Fee Paid: \$ _____	Received by: _____		Date: _____
Site Review Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>		Date: _____
Final approval date: _____		Certification Number: _____	
Certification Number: _____		Final approval date: _____	
Third Party Coordinator Signature: _____			Date: _____
Reason for denial: _____			