



THIRD PARTY CERTIFIER APPLICATION

NRS 483.912, NAC 483.125 to 483.197

Original Certification Recertification Occupational License #:
If employed by third party school

Part I - To be completed by individual

Name:

Physical Address:

Mailing Address:

Email address: Telephone:

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

Date of Birth: CDL Class: A B C Endorsements: P N S

- 1. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years?
2. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement?
3. Do you possess more than one license?
4. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification? If Yes, please explain:
5. Have you operated a commercial motor vehicle for at least two years?
6. Do you instruct any portion of a skills test for your company or school?

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. I have read and will comply with the regulations and requirements for authority to be an authorized examiner adopted by the department.

Signature: Date:

**Part II – To be completed by company or school**

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

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

Business License

No: \_\_\_\_\_ Phone No: \_\_\_\_\_

*I certify I am an authorized representative of the above named company or school and request the Department of Motor Vehicles review the application of this individual for third Party Certifier and if qualified, to enroll him/her in the authorized class for third party skills test certification.*

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

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

**DEPARTMENT USE ONLY**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Yes No

Nevada Record Check:   Date: \_\_\_\_\_

CDLIS check:   Date: \_\_\_\_\_

PDPS check:   Date: \_\_\_\_\_

Background check completed:   Date: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

Approved:  Denied:

Certifier Number: \_\_\_\_\_ Company Number: \_\_\_\_\_

Enrolled in Class Number: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Third Party coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_