

## CDL THIRD PARTY CHANGE NOTICE

NRS 483.912

Company or School Number: \_\_\_\_\_

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

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

### Please check appropriate box and complete the information

<input type="checkbox"/>	Road Test course, attach map of your proposed new course. Explain reason for change and effect on applicants:

<input type="checkbox"/>	*Change of Address, please indicate location type: <input type="checkbox"/> Principal <input type="checkbox"/> Branch <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address
	Previous Address: _____
	New Address: _____

<input type="checkbox"/>	Ownership or name change to: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation, incorporated in State of _____
	New principal's name: _____

<input type="checkbox"/>	*New vehicle type:		License plate number:	
	Attach a copy of the certificate of insurance for this vehicle			

<input type="checkbox"/>	Delete Company from Certification List
	Location type: <input type="checkbox"/> Principal <input type="checkbox"/> Branch
	<input type="checkbox"/> Number of vehicle less than the minimum required.
	<input type="checkbox"/> Other (please explain)

<input type="checkbox"/>	Delete Certifier's access to CSTIMS:			
	Name:	_____		
	Certification Number:	_____	Driver License Number:	_____
	<input type="checkbox"/> No longer employed by company		<input type="checkbox"/> No longer has a valid class A or B commercial driver license	
	<input type="checkbox"/> Other (please explain)			

\* Changes must be submitted within 10 days.

I certify the above information is true and correct, and that I am the authorized representative of the above named company.

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

Name (Please print): \_\_\_\_\_

*Signatures must be originals. Photocopies are not acceptable.  
Changes may not be made to this form once it is signed.*