

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

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you possess more than one license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification? If Yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you operated a commercial motor vehicle for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you instruct any portion of a skills test for your company or school? | <input type="checkbox"/> | <input type="checkbox"/> |

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:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____

CDLIS check:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
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PDPS check:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
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Background check completed:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
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Other (please explain): _____

Approved: Denied:

Certifier Number: _____ Company Number: _____

Enrolled in Class Number: _____ Class Dates: _____

Third Party coordinator signature: _____ Date: _____