



Commercial Drivers License  
 555 Wright Way, Carson City  
 810 E. Greg St, Sparks, NV 89431  
 4110 Donovan Way, N Las Vegas, NV 89030  
 3505 Construction Way, Winnemucca, NV 89445  
 3950 E. Idaho St, Elko, NV 89801  
 178 N. Avenue F, Ely, NV 89301

## THIRD PARTY COMPANY APPLICATION

NRS 483.912, NAC 483.125 to 483.197

**Please print**

Telephone: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Street
City
State
Zip

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

Street/PO Box
City
State
Zip

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

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

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

Government:  No  **Yes, select one of the following:**  Public School  State  County  Local \_\_\_\_\_

Non-Government:  CDL Employer  Other \_\_\_\_\_

Classification of the vehicles you own or lease:

Vehicle Class:  A  B  C      Endorsements:  T  P  N  H  S  X

Do the vehicles have air brakes?  Yes  No

Do the vehicles have automatic transmissions?  Yes  No

To qualify as a third party tester, you must have a minimum of 10 vehicles, one of which is a power unit. These vehicles need to be currently registered and to show your company's name as registered owner or lessee on the records of the Department of Motor Vehicles.

**Vehicle List:**

Type: A = Combination vehicles 26,001 or more GVWR

B = Single vehicle 26,001 or more GVWR

C1 = Single vehicle transporting hazardous materials

T = Trailer or semi-trailer 10,001 or more GVWR

C = Single vehicle with 15 or more passengers + driver

|    | Type | Plate Number |
|----|------|--------------|
| 1  |      |              |
| 2  |      |              |
| 3  |      |              |
| 4  |      |              |
| 5  |      |              |
| 6  |      |              |
| 7  |      |              |
| 8  |      |              |
| 9  |      |              |
| 10 |      |              |

|    | Type | Plate Number |
|----|------|--------------|
| 11 |      |              |
| 12 |      |              |
| 13 |      |              |
| 14 |      |              |
| 15 |      |              |
| 16 |      |              |
| 17 |      |              |
| 18 |      |              |
| 19 |      |              |
| 20 |      |              |

# 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.

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

- 555 Wright Way, Carson City
- 810 E. Greg St, Sparks, NV 89431
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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 \$555.00, 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 qualifies to certify the driving skills of your employees.

If your company 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: _____ |
| <small>Street City State Zip</small> |              |
| Address: _____                       | Phone: _____ |
| <small>Street City State Zip</small> |              |
| Address: _____                       | Phone: _____ |
| <small>Street City State Zip</small> |              |

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"/> Date: _____  |
| Fee Paid: \$ _____ Received by: _____ Date: _____  |
| Site Review Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____  |
| Final approval date: _____ Certification Number: _____   |
| CDL Supervisor Signature: _____ Date: _____  |
| Reason for denial: _____   |
| _____  |