



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"/>	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Revise Skills Road Test course (attach narrative and map).
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<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"/>	<input type="checkbox"/> Add <input type="checkbox"/> Delete vehicle:				
	Vehicle Information				
	Vehicle Type (Circle one)	Tractor (5 th wheel)	Truck	Trailer	Passenger
	Vehicle Information	Make	Year	VIN	License plate
	Transmission Type (Circle one)	Manual	Automatic		
	Brake Type (Circle one)	Airbrakes	Hydraulic		
	Coupling Type (Circle one)	5 th Wheel	Pintle	Both	
	GVWR (LBS)				
	School Bus (Circle one)	Yes	No		
	Attach a copy of the certificate of insurance, registration, and CDL-048 if adding above vehicle.				

<input type="checkbox"/>	Make <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Company <input type="checkbox"/> School 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"/>	<input type="checkbox"/> Add <input type="checkbox"/> Delete access to CSTIMS <input type="checkbox"/> Certifier <input type="checkbox"/> Responsible Party:			
	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 Third Party 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.