



THIRD-PARTY CERTIFIER APPLICATION

NRS 483.912 and NAC 483.125 to 483.197

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

You must be employed with the company or school to qualify to be a third-party certifier.

Part I – To be completed by individual

Full Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____ Telephone No.: _____

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

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had any felony conviction within the last 10 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. 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"/> |
| 4. Do you possess more than one license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your driver's license ever been suspended, revoked, or cancelled, or is it subject to disqualification? If Yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you operated a commercial motor vehicle for at least two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently employed by the company/school you plan to certify for? (Please provide proof of employment with application) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 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: _____

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



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: _____
PDPS check:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Background check completed:	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____

Other (please explain): _____

Approved: ☐ Denied: ☐

Certifier Number: _____ Company Number: _____

Enrolled in Class Number: _____ Class Dates: _____

Third-Party coordinator signature: _____ Date: _____

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