

Driver Certification of Eligibility for Non-Commercial Driver's License Emergency Responders NRS 483, 193.130 & NAC 483

(Original & Renewal)

Applicant Information:

Name:					
La	st	First	Middle		
Address:					
	City	State	Zip Code		
Telephone	e Number:	Date of Birth:	DL #		

I hereby certify that I am exempt from the Federal Commercial Driver License regulations because I am a firefighter or other operator of emergency vehicles necessary to the preservation of life or property as specified in **49 CFR 383.3**.

This section to be completed by Fire Chief or Designated Chief Officer:

Department:					
Name:		Phone:			
Address:		E-Mail:			
City:	State:	Zip Code:			
I certify that the applicant is receiving or has received training to operate emergency equipment described in NAC 483.850(2) , meets the requirements of NAC 483.110 and NFPA 1002 Chapter 4 or an approved driver/operator program adopted by the AHJ, and is therefore authorized to add an F endorsement to their license.					
Signature of Battalion Chief or Designated Chief Officer		Date (must be dated within the previous 60 days)			

I hereby certify that all statements made on this application are true and correct. I agree and understand any misstatement of material facts may cause cancellation and/or denial of my driver's license under **NRS 483.420** and **NRS 483.530**, respectively. I further understand any misstatement of facts may be a misdemeanor or felony under NRS **483.530** and may be punishable pursuant to **NRS 193.130**.

Signature of Applicant

Date (must be dated within the previous 60 days)

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