

Occupational and Business Licensing 555 Wright Way Carson City, Nevada 89711 (775) 684-4690 dmv.nv.gov

CERTIFICATE OF EMPLOYMENT

□ DRIVE SCHOOL INSTRUCTOR □ CDL □ Non CDL □ DUI SCHOOL INSTRUCTOR □ TRAFFIC SAFETY SCHOOL EMPLOYEE: Full Legal Name □ NV Driver's License # or Date or Mailing Address □ Physical Address □ Nevada Revised Statute and N NRS/NAC Chapters NI 445B & 482 49 Station and Inspector Brilicensing. □ M Sai Le licensing.	R	Behind the Wheel General Classroom General Classroom Under Trainee DMV Occupational Telephone City	License # Number ()	
□ CDL □ Non CDL □ DUI SCHOOL INSTRUCTOR □ TRAFFIC SAFETY SCHOOL EMPLOYEE: Full Legal Name NV Driver's License # or Date of Mailing Address Physical Address Physical Address Nevada Revised Statute and NNS/NAC Chapters 445B & 482 Station and Inspector Bricensing. M Sale Legal Name I understand it is my responsibility Code Chapters with respect to the stated therein. I declare under proceeding to the stated therein. I declare under proceeding to the stated therein.	R	General Classroom General Classroom Under Trainee DMV Occupational Telephone City City Ie Chapters:	☐ Transfer er 18 License # Number ()	\$
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TRAFFIC SAFETY SCHOOL EMPLOYEE: Full Legal Name	Street Street Street	Trainee DMV Occupational Telephone City City le Chapters:	License # Number () State	- Zip
EMPLOYEE: Full Legal Name NV Driver's License # or Date of Mailing Address Physical Address Physical Address NRS/NAC Chapters 445B & 482 Station and Inspector licensing. M Sa Lee licensing. I understand it is my responsibility Code Chapters with respect to the stated therein. I declare under possibility of the stated therein. I declare under possibility of the stated therein.	Street Street Street	DMV Occupational Telephone City City le Chapters:	Number () State	- Zip
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understand it is my responsibili Code Chapters with respect to t stated therein. I declare under p	roker, Dealer, Distributor, ong Term Lessor, anufacturer, Rebuilder, alesman, Short Term essor and Transporter ensing, including Off- ighway Vehicle Industry censing.	Instructor and School licensing.	Body Shop, Gara Pool and Wrecke registration.	
Employee's Signature	he license or registration I ar	m applying for and agree	to comply with the	requirements
			Date	
EMPLOYER:				
Business Name		DMV Busin	ess License #	
Address			()	_
Street		01.1. 7.	Telepho	one Number
Authorized Representative's Na	City	State Zip	·	