

Commercial Driver's License 890 Trademark Drive Reno, NV 89521 4110 Donovan Way, N Las Vegas NV 89030

dmv.nv.gov

THIRD-PARTY GOVERNMENT ENTITY TESTING ANOTHER GOVERNMENT ENTITY

APPLICATION AND ACKNOWLEDGEMENT NAC 483.1224

Governmental entities that are part of the Nevada Commercial Driver License (CDL) Third-Party Program may allow their designated Third-Party Certifiers to certify the driving ability of employees of other Nevada Government entities within limitations set forth by the Department of Motor Vehicles (DMV).

LIMITATIONS SET FORTH BY THE DEPARTMENT

- 1. This Application and Acknowledgement form must be submitted to the CDL Third-Party Coordinator for review and approval prior to scheduling tests with individuals outside the Third-Party Certifier's department.
- 2. Test Applicant must complete Entry Level Driver Training (ELDT) requirements, if applicable, with a training provider listed on the Federal Motor Carrier's Administration's (FMCSA) Training Provider Registry (TPR). Training Providers must meet all required state regulations.
- 3. Test Applicant must be an employee of a Nevada Governmental Entity and provide the following items to the Third-Party Certifier/Company prior to testing; with the understanding that this information will be maintained by the Third-Party Company:
 - Copy of base license and Commercial Learner Permit; and a.
 - h. DMV Record Printout: and
 - c. Medical Examiners Certificate if self-certified as "Non-Exempt"; and
 - d. Proof of employment; and
 - e. Proof of CDL skills training with trainers' information and hours completed; and
 - f. Copy of Score sheet(s) will be kept.
- 4. Test applicant must conduct the CDL skills test with the vehicles provided by the Third-Party Company, of which, both Departments acknowledge and accept liability issues for the driver.
- 5. The test applicant and their department are aware that testing through a Third-Party Certifier is subject to auditing procedures by the department as described in NAC 483. Failure to comply with auditing requirements will subject the driver to cancellation of their driving privileges.

(TO BE COMPLETED BY		-	DIVISIO	ON REC	UESTII	NG THIRD-PARTY 1	resting							
Test Applicant Inform	ation													
Full Legal Name: Signature:						Driver's License No.: Phone Number:								
Department/Division	Informati	on												
Name:														
Dept./Division Repres	entative:													
Physical Address:														
		,	Address			City		State				Zip Cod	le	
(TO BE COMPLETED BY Circle:	_	R)												
Class: A B	С	End:	N	Р	S	Restrictions:	E	K	L	M	N	0	٧	Z
Vehicle Information Circle Type: Combo	-Tractor/S	Semi-Trail	er or C	ombo-s	Straigh	t Truck-Trailer or	Straight Tru	uck o	r Pas	ssenge	er Or	⁻ Scho	ol Bus	}
Coupling Type:	5 th Wh	neel or	Piı	ntle	Trar	nsmission Type:	Manu	ıal or			Αι	utoma	atic	
Brake Tyne:	Airhra	ikes or	Hvd	raulic										



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TEST APPLICANT AN	ND DEPARTMENT/DIVISION ACKNOWLEDGEMENT
Test App. Initials	It is understood that an employee of a Nevada Government Entity, seeking CDL licensing, must provide all required documentation to Third Party Certifier tester.
Test App. Initials	Furthermore, the test applicant is subject to the same auditing procedures as other individuals tested by a Third-Party Certifier. Failure to comply will result in cancellation of driving privileges.
THIRD-PARTY COM	PANY AND CERTIFIER
Third-Party Company	Information
Third-Party Company	:
Third-Party Certifier I	Information
Name:	Certifier #
Signature:	Date:
THIRD-PARTY COM	PANY AND CERTIFIER ACKNOWLEDGEMENT
Certifier Initials	I/we acknowledge that the individual I am testing is an employee of a Nevada Government Entity and that we must maintain all necessary documentation required in the individual's driver file.
	I am required to follow all standards, notifications, prohibitions, and inspections/audit requirements for this test
Certifier Initials	as set in the CDL 050 Third Party Certifier Agreement. If approved for testing, this form will be maintained in the driver's file.
Certifier Initials	I am required to only certify this individual on the type of vehicle(s) I have been approved to use through the Nevada Third Party CDL Department.
	The company has agreed to allow the Third-Party Certifier to test the employee of a Nevada Government Entity.
RP for Third Party Co. Initials	RP NAME:
	DEPARTMENT OF MOTOR VEHICLES USE ONLY
Application David	
Application Revie	ewed By: Date:
	☐ Approved ☐ Denied
Comments:	

Date

Third-Party Coordinator Signature