



Occupational and Business Licensing  
555 Wright Way  
Carson City, NV 89711-0100  
(775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

### CERTIFICATE OF EMPLOYMENT

Please type or print in ink.

**Salesman**

**Inspector**

Class:

One

Two

Gas

Diesel

**Drive School Instructor**

CDL

Non CDL

**DUI School Instructor**

**Traffic Safety School Instructor**

New

Renewal

Transfer

Behind the Wheel

General Classroom

General Classroom Under 18

Trainee

#### FEES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### EMPLOYEE:

Full Legal Name \_\_\_\_\_ Occupational License No. \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### EMPLOYER:

Business Name \_\_\_\_\_ Business License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Authorized Representative's Name (*Print*) \_\_\_\_\_

Title \_\_\_\_\_

Authorized Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_