



Central Services Division  
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## CERTIFIED PUBLIC ACCOUNTANT'S AFFIDAVIT OF AUDIT AND CURRENT FINANCIAL RATIO

Self-Insurance Applicant: \_\_\_\_\_

Name of Nevada Certified Public Accounting Firm: \_\_\_\_\_

Nevada Certified Public Accountant (CPA) License Number: \_\_\_\_\_

CPA's Address: \_\_\_\_\_

\_\_\_\_\_

CPA's Telephone Number: \_\_\_\_\_

### Required Financial Ratio information:

Total Current Assets: \$ \_\_\_\_\_

Total Current Liabilities: \$ \_\_\_\_\_

Current Financial Ratio: \_\_\_\_\_ %

I, the undersigned, being duly sworn, attest the financial statements of the above-mentioned Self-Insurance Applicant, \_\_\_\_\_, have been **audited**.

**NOTE: TO BE SIGNED BY A NEVADA LICENSED CERTIFIED PUBLIC ACCOUNTANT ONLY (NAC 485.060).**

CPA's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### NOTARIZATION:

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[ Seal ]

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_