



### CDL THIRD PARTY CHANGE NOTICE

NRS 483.912

Company or School Number: \_\_\_\_\_

Name of Company or School: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Please check appropriate box and complete the information

Add  Delete  Revise Skills Road Test course (attach narrative and map).

\*Change of Address, please indicate location type:  
 Principal       Branch       Physical Address       Mailing Address

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Ownership or name change to:  
 Individual    Partnership    LLP    LLC    Corporation, incorporated in State of \_\_\_\_\_

New principal's name: \_\_\_\_\_

Add  Delete vehicle:

Type	Make	Year	VIN	License plate number

Attach a copy of the certificate of insurance, registration, and CDL-048 if adding above vehicle.

Make  Active  Inactive  company  school from Certification List:

Location type:  Principal  Branch

Number of vehicle less than the minimum required.

Other (please explain) \_\_\_\_\_

Add  Delete access to CSTIMS  Certifier  Responsible Party:

Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

No longer employed by company       No longer has a valid class A or B commercial driver license

Other (please explain) \_\_\_\_\_

\* Changes must be submitted within 10 days.

I certify the above information is true and correct, and that I am the authorized Third Party representative of the above named company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

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