



Autonomous Vehicle Testing Registry Application

Company Name:

Application Type:

Check all that apply

New Renewal Add/Remove Vehicles Update Registry Information

DMV AVT Registry Number: _____

(If it is a new application, please leave blank)

General Information

All authority and requirements for autonomous vehicle testing are prescribed in Chapter **482A** of Nevada Revised Statutes (**NRS**) and Nevada Administrative Code (**NAC**).

For questions regarding Nevada’s autonomous vehicle testing program please contact:

Autonomous Vehicle Program Team – DMV_AV@dmv.nv.gov

Nevada Insurance or Bond Requirements

Any entity wishing to test an automated driving system on Nevada’s public roads is required to submit proof of one of the following:

- Certificate of Insurance proving \$5 million insurance coverage
 - This can be \$5 million in general liability, auto liability, umbrella liability, or a combination of these equal to \$5 million; or
- Post and maintain a surety bond in the amount of \$5 million; or
- \$5 million (USD) cash deposit with the Department

In addition to \$5 million coverage requirement, any vehicle used on Nevada’s public roads must comply with the minimum insurance requirements listed in Nevada Revised Statute (**NRS 485.185**). The minimum insurance amounts are \$25,000/\$50,000/\$20,000.

If your insurance expires or becomes invalid for any reason, the autonomous vehicle testing certificate and testing plates will become invalid until proof of updated/valid insurance is submitted.

Accident Reporting – Testing

Pursuant to **NRS 482A**, within 10 days of any accident resulting in personal injury or property damage that exceeds \$750 or traffic violation occurring while operating an autonomous testing vehicle, the licensee must provide the department with a report of the incident. A SR-1 Report of Traffic Accident needs to be **completed within 10 days after a crash** that occurred in the State of Nevada and was NOT investigated at the scene by law enforcement.

The report must include a copy of any accident report or any citation.

Disclosure of Information

Except as otherwise provided in **NAC 482A.060**, the Nevada Department of Motor Vehicles is a public agency and is subject to public records requests per **NRS 239.010**. Requests can be from any person or organization and any books, communications and records are subject to inspection or review. By law, the Department cannot withhold or redact any of the information that is requested. Proprietary information should be omitted from any and all communications with the department.

Application Submission and Processing

Listed below is the process and requirements for submitting this packet to obtain your Nevada AV test license.

Fee Schedule:

- AV Testing Registry Application Fee (new or renewal) - \$100.00
- Testing Certificate and Plates:
 - New: \$19.50 per vehicle added
 - Renewal: \$12.00 per existing vehicle

Required Documents:

- Submit the following documents for a new application, to add/remove vehicles, or update the registry information.
 - Completed OBL-326 Form (AV Testing Registry Application).
 - Proof of valid insurance coverage for each vehicle being licensed.
 - Proof of \$5 million insurance coverage, \$5 million surety bond or \$5 million cash deposit.
 - Fee payment.
 - Prepaid Self-Addressed Shipping Label (FedEx or UPS).

Once you have all required documents listed above and your application is complete, the application can be submitted via the two options below:

- **Email:** Email the signed application with the required e-signature authentication documentation attached and all other documents listed above (exclude any form of email payment) to DMV_AV@dmv.nv.gov. Payment ([ADM-205 payment Authorization Form](#)) can be mailed to the address below or **faxed** to 775-684-4691 Attention Autonomous Vehicle Program.
- **Mail:** Mail the signed application with signatures, the required e-signature authentication documentation if applicable, and all other documents listed above. Include a check or credit card payment ([ADM-205 payment Authorization Form](#)).

Nevada Department of Motor Vehicles
Occupational and Business Licensing
ATTN: Autonomous Vehicles Program
555 Wright Way
Carson City, NV 89711

Autonomous Vehicle Program Team – DMV_AV@dmv.nv.gov

A review of the application and supporting documents will be completed. If any corrections are needed, the Autonomous Vehicle Program Team will make contact via email or phone to assist with any information needed. Once the application is approved, it will be processed within 7-10 business days. The business will be responsible for providing a self-addressed shipping label to mail the documents from the DMV to the desired destination.

You will receive the following items in the mail:

- The Testing Plate Certificate Card and Decal (visually resembles a standard registration certificate and decal. **This IS NOT a vehicle registration in the State of Nevada**).
- Autonomous Vehicle Test Plate Certificate.
- Autonomous Vehicle Test License Plate. (You will receive a set of 2 license plates for each vehicle).
- A copy of the License from the Occupational and Business Licensing Section.
- Receipts for payment of the Autonomous Test License Plate and the license.

LETTER OF AUTHORIZATION

Indicate any and all persons authorized to represent your business. **The Department will not speak with any persons not listed as an authorized agent below.** Additional agents may be added or removed at any time by the business principal after completing this Letter of Authorization and returning it to the Department. If you need more space, please duplicate this page as needed.

Business Name: _____ FEIN: _____

AV Testing Registration Number (if already registered): _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Business Telephone Number: _____ Business Fax Number: _____

Email address: _____ (this email is where any correspondence will be sent to)

Sole Proprietorship Partnership LLP LLC Corporation Incorporated in State of _____

Printed Name of Authorized Agent

Signature

Printed Name of Authorized Agent

Signature

Printed Name of Authorized Agent

Signature

Printed Name of Authorized Agent

Signature

Printed Name of Authorized Agent

Signature

Printed Name of Authorized Agent

Signature

As business principal for the above-named business, I hereby certify the above persons are authorized to conduct business with the Department of Motor Vehicles.

Printed Name of Business Principal

Signature

Date

If the business principal signing this form is not the same as what the DMV has on file, we will need a signed statement from the new principal stating why the previous principal cannot signed and is being removed from the record.

AUTONOMOUS VEHICLE TESTING REGISTRATION BOND

Bond Number _____

AV Testing Registration Type:

Testing Company

Certification Facility

KNOW ALL MEN BY THESE PRESENTS:

That _____, as principal,
(Corporate Name and Doing Business As Name)

located in the County of _____, State of Nevada, obligee, and, _____
(Name of Surety)

a corporation organized and existing under and by virtue of the laws of the State of _____, and

authorized to transact a surety business in the State of Nevada, as surety, are held and firmly bound unto the State of Nevada in the penal sum of \$5,000,000 for the payment of which well and truly to be made we hereby bind ourselves, our respective heirs, administrators, executors, successors and assigns jointly and severally, firmly by these presents:

To be effective on the _____ day of _____, _____

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above-named principal has been licensed to carry on or conduct in this State the business of testing and/or certifying Autonomous Vehicles; and

WHEREAS, the above-named surety herein agrees that any person injured by the action or actions of the principal and/or his employees involved in any fraud or fraudulent representation or in violation of any of the provisions of Chapter **482A** of the Nevada Revised Statutes or Nevada Administrative Codes may bring action in said injured person's own name against the said surety. This bond is continuous in form and the total aggregate liability of the bond is limited to the payment of the total amount of the bond. In the event of a dispute of a claim by the surety company, application may be made to the Director, Department of Motor Vehicles for good cause shown. After notice and hearing, the director may authorize payment of funds from here said surety coverage.

(SEE NEXT)

Bond Number _____

This bond may be canceled by the surety at any time by giving written notice by registered mail of its desire and intention so to do. Said cancellation shall be effective thirty (30) days after the receipt of said notice by the State of Nevada, Department of Motor Vehicles, Occupational and Business Licensing Section.

Signed, sealed, and dated this _____ day of _____, _____

(Printed Name, Principal)

(Signature, Principal)

(Surety)

Telephone Number of Surety: (____)____-_____

(Mailing Address of Surety Company, Street)

(City, State and Zip Code)

By _____
(Signature, Attorney-In-Fact for Surety)

(Printed Name, Attorney-In-Fact)(Surety Seal)

Countersigned on behalf of:

(Surety)

this _____ day of _____, _____

(Signature, Agent)

(Printed Name, Agent)

(Business Name, Agent)

(Business Address, Agent)

AUTONOMOUS VEHICLE TESTING CERTIFICATION

SECTION (1)

I, _____, principal agent for _____, hereby certify under penalty of perjury that the following statements are true and accurate for each autonomous testing vehicle listed on page 4.

Please initial next to each applicable statement.

_____ I understand that each vehicle listed on page 4, is equipped with an AV system which is owned or operated by the company identified on page 5 and is covered by an insurance company licensed to do business in the State of Nevada.

_____ I understand that we must maintain continuous coverage that meets or exceeds Nevada's minimum liability requirements pursuant to **NRS 485.185**.

_____ Is affixed with a label pursuant to **49 C.F.R § 567.4**, or proof of an approved exemption issued by NHTSA allowing the vehicle to be tested while not complying with **49 C.F.R § 567.4**.

_____ Is capable of testing in compliance with all applicable motor vehicle laws and traffic laws of this State.

_____ I understand that the department may impose an administrative fine, not to exceed \$2,500, for a violation of any provision of Chapter **482A** under the Nevada Revised Statute or any regulation adopted pursuant thereto. It is a gross misdemeanor for any person knowingly to falsify an application to obtain a testing registration for an autonomous vehicle or any other document submitted to or issued by the department pursuant to Chapter **482A**.

SECTION (2)

Each **AUTONOMOUS** testing vehicle listed on page 4, which **requires a human operator** to be present inside the vehicle and seated in a position to take immediate control; must be,

_____ Equipped with a means to engage and disengage the automated driving system which is easily accessible to the human operator of the autonomous testing vehicle.

_____ Equipped with an indicator located inside the autonomous testing vehicle which indicates when the automated driving system is operating the autonomous testing vehicle.

_____ Equipped with a means to alert the human operator to take manual control of the autonomous testing vehicle if a failure of the system occurs which renders the automated driving system unable to perform the dynamic driving task relevant to its intended operation design domain.

SECTION (3)

Each **FULLY AUTONOMOUS** testing vehicle listed on page 4, which **does not require a human operator** to be present inside the testing vehicle; must be,

_____ Capable of achieving a minimal risk condition if a failure of the automated driving system occurs which renders the autonomous testing vehicle unable to perform the dynamic driving task relevant to its intended operational design domain. The autonomous testing vehicle can achieve a reasonably safe state which may include, without limitation, bringing the autonomous testing vehicle to a complete stop.

_____ I understand if the technology is not able to achieve the minimal risk condition, then a human operator must be present in the autonomous testing vehicle and ready to take control in the event of a failure of the automated driving system.

I hereby certify, under penalty of perjury, that all statements in this certification are true and correct. I agree and understand that any misstatement of material facts may result in a certificate of compliance not being issued or delayed by the Department. I further understand that any willful and false statement or willfully unqualified statements made may be a felony and punishable pursuant to **NRS 199.145**.

Principal Agent's Signature

Date

Principal Agent's Printed Name and Title