



DEPARTMENT OF BUSINESS AND INDUSTRY  
**NEVADA TRANSPORTATION AUTHORITY**

## Driver Permit Application Checklist

January 27, 2015

**These documents must be provided to the NTA to obtain a driver's permit.**

1. DRIVER PERMIT APPLICATION:
  - Type or print legibly all portions of this application.
  - All of this application must be filled in. Write "N/A" for items not applicable.
  - Incomplete applications will not be accepted and will be returned to you.
  - Must submit signed original.
2. PROOF OF EMPLOYMENT
  - Intent to Hire Letter from Certificated Carrier with prospective hire date AND/OR
  - Proof you are employed or under a contract including start date AND/OR
  - Lease Agreement
3. CASH, CHECK, OR MONEY ORDER in the amount of **\$50.00 made out to the Nevada Transportation Authority (NTA)** to pay permit application fee.
4. CIVIL APPLICANT WAIVER:
  - Must be filled out completely including initials on Item #2.
  - Must submit signed original.
5. COPY OF A VALID DRIVERS LICENSE
  - Must be a clear copy, with the information and picture readable.
6. DRIVER HISTORY REPORT (3-year report issued within the past 30 days)
7. INCLUDE 1 CURRENT PASSPORT PHOTO – See <http://travel.state.gov/passport> for all requirements.
  - Must be 2 x 2 inches in size, in color, and on photo quality paper.
  - Must be taken in full face view, directly facing the camera, in front of a plain white or off white background.
  - Must have been taken within the last 90 days.
8. FINGER PRINT REQUEST FORM COMPLETED BY FINGERPRINTING AGENCY
  - You must pay the fingerprinting facility a fee for scanning (or rolling) your fingerprints in addition to the fee (currently \$38.25) that you pay to the Department of Public Safety for processing.
  - If electronic submission is not available, you must mail two finger print cards and a cashier's check or money order for \$38.25 to the Nevada Department of Public Safety (DPS) per the fingerprinting instructions sheet.
  - If submitting fingerprints by direct mail to DPS, you must include the certified mail receipt with your application as well as the completed finger print request form.

# Nevada Transportation Authority Driver Permit Application

2290 South Jones Blvd, Ste 110, Las Vegas, NV 89146  
1755 East Plumb Ln, Ste 216, Reno, NV 89502  
Telephone: (702) 486-3303 or (775) 688-2800

Date Received: (NTA use only)

Attach photo here with clear tape affixed horizontally to top edge of photo. Photo must be (approx size 2" x 2.5" overall), full face, not profile, and must have been taken within 90 days of this application.

Must be filled out completely. Incomplete or illegible forms will not be accepted.

Have you applied for a permit previously? Yes ( ) No ( )

## PERSONAL INFORMATION

Last	First	MI	Drivers License #	State
Names you've worked under previously		Social Security #	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			Home Phone ( )	
City	State	Zip Code	Cell Phone ( )	
Res. Address				
City	State	Zip Code		

## EMPLOYMENT INFORMATION

CPCN	Current Employer(s)	Start Date
CPCN	Employer(s) you are applying to work for:	Start Date

## CHILD SUPPORT INFORMATION

Mark the appropriate response (failure to mark one of the three will result in denial of your application)

- ☐ I am **NOT SUBJECT** to a court order for the support of a child.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or am **NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

## Affidavit of Applicant / Authorization of Release

I, \_\_\_\_\_, certify that I am the person described and identified in this application; I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate. I authorized all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada Transportation Authority any information, files, or records required by the Authority in connection to processing this application. I understand that furnishing false or misleading information or failing to furnish required information on this application may cause for the denial, suspension, or revocation of my driver permit with the Nevada Transportation Authority.

Signature of Applicant

Date

### Office Use Only:

Eligible: \_\_\_\_\_

Unpaid Fines: \_\_\_\_\_ Date Checked: \_\_\_\_\_

Results Date: \_\_\_\_\_ (circle one) **P N P-HR**

## EMPLOYER'S VERIFICATION OF EMPLOYMENT OR INTENT TO HIRE NOTIFICATION

Submitted to the Nevada Transportation Authority to support the Driver Permit Application of the person identified herein pursuant to NRS 706.462.

(Check One) ☐ Verification of Current Employment or  
☐ Intent to Hire Notification

Driver's Name: \_\_\_\_\_  
Last First Middle

Current Employee Hire Date: \_\_\_\_\_ or \_\_\_\_\_

New Employee Start Date: \_\_\_\_\_

**Employer information:**

CPCN#	Company Name (DBA)
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Listing affiliate companies that are under the same ownership/operation on this permit will allow this driver to transfer within your organization without having to apply for a new permit under the "change of employment" requirement of NRS 706.462.

**Affiliate companies to be included on the permit:**

CPCN#	Company Name (DBA)

CPCN#	Company Name (DBA)

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date



## CIVIL APPLICANT WAIVER

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize (enter name of submitting agency) Nevada Transportation Authority to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. (Please initial) \_\_\_\_\_
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

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

Applicant's Signature: \_\_\_\_\_

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

Submitting Agency: Nevada Transportation Authority

Address: 2290 S. Jones Blvd, Suite # 110 Las Vegas, NV 89146

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

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



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**FINGERPRINT REQUEST FORM**

(Take form to fingerprinting agency return completed form to NTA with your application)

APPLICANT INFORMATION

Applicant Name (Last,First,MI): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

AUTHORIZED ENTITY INFORMATION

Account Number (MNU) 881057 ORI: NV0024800

Bill to Account Number(MNU) N/A Reason for Fingerprinted: NRS 706.462

Submit Fingerprints Electronic Live Scan:

Yes: \_\_\_\_\_

No: \_\_\_\_\_ (if no, please print hard cards and return to applicant for manual submission)

Signature of Authorization: Michael Bradford  
(Signature of Authorized Entity requesting fingerprints)

FINGERPRINT SITE INFORMATION

Signature of Official Taking Prints: \_\_\_\_\_ Date: \_\_\_\_\_

TCN Number: \_\_\_\_\_ (Used for Tracking Purposes)

rev.7-31-15/rm