

**Department of Business and Industry
Nevada Transportation Authority
Change of Employment Form**

Name: _____
Last
First
Middle

Current NTA Driver Permit # _____ Expiration Date: _____

_____ (initial) I acknowledge that I am still employed with the following companies.

CPCN	Company Name

_____ (initial) As a result of employment separation, I am no longer working for the following companies. I understand that these companies will be **removed** from my permit.

CPCN	Company Name	Separation Date

_____ (Initial) Based on an offer of employment, I would like to **add** the following companies to my permit. For each new company added, I acknowledge that I have attached an employer verification form.

CPCN	Company Name	Start Date

 Driver's Signature Date

NOTE: IF THIS FORM IS NOT ACCOMPANIED BY THE CORRECT EMPLOYER VERIFICATION FORMS, THEN THE APPLICATION WILL BE REJECTED.