



Autonomous Vehicle Testing Registry Application

Nevada Department of Motor Vehicles
ATTN: Director's Office
555 Wright Way
Carson City, Nevada 89711

For questions regarding the autonomous vehicle regulations, autonomous testing registration and application process and/or deployment please contact:

Thomas Martin, Management Analyst - Management Services & Programs Division tmartin01@dmv.nv.gov

April Sanborn, Manager - Management Services & Programs Division asanborn@dmv.nv.gov

Introduction

The State of Nevada is proud to be a pioneer in leading the progression of autonomous vehicle testing and operations on our public roadways. Because we are forward thinking and see the future implications of automation, we are excited to partner with you. If you believe your technology is innovative and doesn't fit into the current autonomous definitions, we encourage you to reach out to us. Together, we can determine how Nevada is able to accommodate your company and your innovative technology.

The safety of the public is always the Department of Motor Vehicles' (Department) primary concern, we require that all vehicles testing on our public roadways are capable of doing so in compliance with the applicable motor vehicle and traffic laws of this State.

Disclosure of Information

The Nevada Department of Motor Vehicles is a public agency and is subject to public record 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.

Autonomous Vehicle Registry - Testing

Please ensure that the following items are completed prior to submission. Once the Department has completed our review, we will provide a certificate of compliance and a set of autonomous testing vehicle license plates for each autonomous testing vehicle. This will allow you to freely test your technology on our public roadways.

Autonomous Testing Vehicle Information (page 4)

You must list the make, model VIN and year for each vehicle you wish to test. Once this is complete, you will not need to recertify unless the technology changes and requires you to certify that the vehicle can achieve the minimal risk condition. If different makes and models are later equipped with an automated driving system, you will be required to submit another Autonomous Vehicle Testing Registration Application to the Department for certification.

Letter of Authorization (page 5)

The Letter of Authorization is required to be completed and filled out by the principal agent, as determined by your company. This letter will specify the persons who are authorized to conduct business with the department, on behalf of your company. The department will not release documents to any individual not listed on this form as an "authorized agent".

Licensed, Authorized Autonomous Testing Vehicle Operators (page 6)

You will need to list all authorized autonomous testing vehicle operators to include a current driver's license number and corresponding state.

Nevada Insurance Requirements and Testing Registration Bond (pages 7 & 8)

Any motor vehicle used on public highways in Nevada is required to carry the minimum insurance (\$15,000/\$30,000/\$15,000) as provided for in Nevada Revised Statute (NRS 485.185). Effective July 01, 2018, the minimum insurance requirements will increase to \$25,000/\$50,000/\$20,000.

In addition, as required by NRS 482A.060, prior to any person testing autonomous technology in this state please submit proof of insurance or self-insurance, make a cash deposit or post and maintain a surety bond in the amount of \$5 million. If the insurance expires or becomes invalid for any reason, the autonomous vehicle testing registration will become invalid until updated proof of insurance is submitted.

To avoid delays, be sure to submit proof of both insurance requirements.

Autonomous Vehicle Testing Certification (page 9)

You must certify that all autonomous testing vehicles meet requirements as defined in Chapter 482A of the Nevada Revised Statutes. If your autonomous testing vehicle is fully autonomous, and can achieve the minimal risk condition, please complete sections 1 & 3. If your autonomous testing vehicle cannot achieve the minimal risk condition please complete sections 1 & 2.

Autonomous Vehicle Testing Certification Renewal

If your autonomous vehicle testing certification is due for renewal, there are no changes to the technology that require you to recertify, and you have maintained continuous insurance coverage; simply fill out this Autonomous Vehicle Testing Registration Application and submit it to Thomas Martin or April Sanborn.

Nevada Testing Geographical and Environmental Types

The Department has classified all of Nevada's public roads into four geographic types. This section describes what the Department has determined to make these locations uniquely challenging for autonomous testing vehicles. The Department has identified the following geographic types you may encounter while testing in Nevada.

Interstate Highways - Interstate highways are highways that are part of the federal interstate highway system and exhibit the following characteristics:

- 1. speeds of up to 80 MPH
- 2. ongoing road construction
- 3. infrequent pedestrian traffic and foreign debris
- 4. controlled access
- 5. high speed maneuvers and braking requirements
- 6. toll booths

State Highways - State highways are any US or SR highway (*State Highways inside an urban corridor must have additional authority*) and exhibit the following characteristics:

- 1. Speeds of up to 80 mph
- 2. Ongoing road construction
- 3. Possibility of pedestrian, bicycle, and livestock obstacles
- 4. Traffic control devices (such as stop lights and stop signs)
- 5. Downtown/mid-city congestion
- 6. Various non-controlled access points

Urban Environments - Nevada's Urban Environments exhibit the following characteristics:

- 1. High levels of pedestrian traffic
- 2. Traffic control devices (such as stop lights, stop signs, and school zones) or lack of devices
- 3. Frequent road construction or roadblocks and foreign debris
- 4. Metered and parallel parking
- 5. Speed bumps, physical speed control devices or variable speed controls
- 6. Animals off leash
- 7. Children at play in the roadway
- 8. Commercial shopping centers

Unpaved or Unmarked Roads - Any road outside of a city that is not a State Highway or Interstate is considered Rural or Unpaved roads. Additionally, any road found inside an urban environment which is unpaved or unmarked is considered part of this environment and exhibit the following characteristics:

- 1. Degraded pavement quality or no pavement (dirt roads)
- 2. Inconsistent or nonexistent road markings and unmarked intersections
- 3. Moderate levels of pedestrian traffic and foreign debris
- 4. Children at play in roadways
- 5. Animals off leash

Environmental Types: The Department has identified the following environmental types you may encounter while testing in Nevada. You should be prepared for the following conditions:

- Night driving
- · Rain/slippery conditions
- Fog
- Snow/ice
- High crosswinds (gusts above 30mph), sand storms or dust devils

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

AUTONOMOUS TESTING VEHICLE INFORMATION

(A \$21 fee for each set of new Autonomous Vehicle Testing Registration plates is required)

| Year | Make | | | , | Vehic | le Id | entifi | catio | n Nu | mber | (VIN |) | | | | |
|------|------|------|--|---|-------|-------|----------|----------|------|------|------|---|---|---|----------|----------|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | 1 | | | <u> </u> | <u> </u> | | | | | I | 1 | <u> </u> | <u> </u> |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | | | | |

LETTER OF AUTHORIZATION

Please 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 principal agent after completing this Letter of Authorization and returning it to the Department. If you need more space, please duplicate this page.

| Business Name: | | AV Testing Registration Number: | | | | | |
|--------------------------------|-----------------------------|---------------------------------|-----------------------|-------------|--|--|--|
| Mailing Address: | | | | | | | |
| | Street | City | State | Zip | | | |
| Physical Address: | | | | | | | |
| | Street | City | State | Zip | | | |
| Business Telephone Number: _ | | Business Fax Nu | mber: | | | | |
| Email address: | | FEIN: | | | | | |
| Please check appropriate autho | rization boxes: Pick l | Jp AV Testing Registrations | ☐ Pick Up Plat | es/Decals | | | |
| ☐ Sole Proprietorship ☐ Part | nership | ☐ Corporation Incorpora | ated in State of | | | | |
| Printed Name of Authorized Age | ent | Signature | | | | | |
| Printed Name of Authorized Age | ent | Signature | • | | | | |
| Printed Name of Authorized Age | ent | Signature | 2 | | | | |
| Printed Name of Authorized Age | ent | Signature | • | | | | |
| The listed Agent(s) is no long | er authorized to represent | my business: | | | | | |
| Printed Name of Agent | Printed Name of A | gent Printed N | lame of Agent | | | | |
| Printed Name of Agent | Printed Name of A | gent Printed N | Printed Name of Agent | | | | |
| I hereby authorize the changes | as indicated above for my b | usiness with the Nevada Depar | tment of Motor Ve | hicles. | | | |
| Printed Name of Principal | | | | | | | |
| Signature of Principal | | | Date | | | | |

LICENSED, AUTHORIZED AUTONOMOUS TESTING VEHICLE OPERATORS:

| Name | Driver's License Number | State Issued | Commercial License? |
|---------------------------|---|-----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| To protect your business, | notify the Department immediately of any change | es to the above | information. |

| OFFICE USE ONLY BOX | |
|----------------------------------|--------------------|
| AV Testing License Plates Issued | Approved Denied |
| | Reason for Denial: |
| | |
| | |
| | Initials: |
| | Employee ID: |
| | Date: |

AUTONOMOUS VEHICLE TESTING REGISTRATION BOND

| Bond Number | AV Testing Registration Type: Testing Company Certification Facility |
|---|---|
| KNOW ALL MEN BY THESE PRESENTS: | |
| That(Corporate Name and Doing Business As Name) | |
| located in the County of, State of Nevada, ob | ligee, 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 sur | ety, are held and firmly bound unto the State of |
| Nevada in the penal sum of \$5,000,000 for the payment of which well a | 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)

| D I NI | 1 | | |
|--------|-------|--|--|
| Bond N | umber | | |

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) |
| | (Rusiness 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 autonomous testing vehicle listed on page 4, is covered by an insurance company licensed to do business in this State. |
| 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; as applicable. |
| ls 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. 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 |