



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

**PETITION TO DEVIATE**

To: Nevada Transportation Authority

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

Printed Name and Title: \_\_\_\_\_

CPCN: \_\_\_\_\_

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\$50 Filing Fee

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\$50 Interim Authority Fee

**For NTA Office Use Only**

Docket # \_\_\_\_\_

Assigned Hearing Officer: \_\_\_\_\_