

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
(702) 486-4033 / realest@red.nv.gov / <http://red.nv.gov/>

ORIGINAL LICENSING APPLICATION
For Salesman, Broker-Salesman, or Broker License

TYPE OR PRINT CAREFULLY. THIS SECTION IS TO BE COMPLETED PERSONALLY BY THE CANDIDATE. NAC 645.105 Each application must be completed personally by the applicant. Members of the Commission or employees of the Division are expressly prohibited from helping a person prepare his license application.

**Only information deemed by law to be confidential shall be confidential (SSN, exam results, background investigation results). Most information provided by an applicant for licensure is public information and must be provided upon request. By policy, the Real Estate Division shall post via the web site licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.*

License desired. Please check the box of the license type applied for:

SALESPERSON \$140.00 BROKER-SALESPERSON \$160.00 BROKER \$160.00

SECTION I: (Please print clearly)

1. Applicant's Name:

Date of Birth: **Last 4 of Social Security Number or Individual Taxpayer ID:**

Home Address:

City: **State:** **Zip Code:**

Mailing Address (if applicable):

City: **State:** **Zip Code:**

Home Phone: **Cell Phone:** **Email:**

2. List Names used other than legal name listed on this application and explain. Provide proof that the names are the same person when the name on this application is different from your education transcripts, certificates, examinations, etc.

DIVISION USE ONLY:

Receipt Number:	Date:	Processor Initials:	
License Number:	License Issue Date:	Processor Initials:	FP Forwarded Date:
Experience:	years	months	days = college credits.
Credits submitted from education courses:		Total Credits (B/BS) or hours (S):	

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SECTION II. ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 10. Attach additional sheets if more space is needed.

1. **OCCUPATION:** List employment history or unemployment status {i.e.: retired, student, homemaker, etc. for the preceding two years (no gaps please) to date of application. Please attach an additional sheet if necessary.

- | | |
|-----------------------|------------------|
| a. Occupation: | Employer: |
| Address: | |
| From to | |
| b. Occupation: | Employer: |
| Address: | |
| From to | |
| c. Occupation: | Employer: |
| Address: | |
| From to | |
| d. Occupation: | Employer: |
| Address: | |
| From to | |
| e. Occupation: | Employer: |
| Address: | |
| From to | |
-

2. **RESIDENCES:** For preceding 3 years. Include current residence. Please attach an additional sheet if necessary.

- | |
|---------------------------|
| a. Street Address: |
| City and State: |
| From to |
| b. Street Address: |
| City and State: |
| From to |
| c. Street Address: |
| City and State: |
| From to |
-

3. **PRIOR EXPERIENCE IN REAL ESTATE?** Yes No

If you checked **Yes**, please list all states in which you hold or have held a Real Estate license. Attach to this form a history certified by the state in which you were licensed. The history must be dated less than 90 days from the Nevada license application acceptance date. No documentation required for a license that expired over 10 years ago.

- | | | |
|------------------|----------------------------|---------------------------|
| a. State: | Type of Credential: | Credential Number: |
| Issuance Date: | Expiration Date: | |
| b. State: | Type of Credential: | Credential Number: |
| Issuance Date: | Expiration Date: | |
| c. State: | Type of Credential: | Credential Number: |
| Issuance Date: | Expiration Date: | |
| d. State: | Type of Credential: | Credential Number: |
| Issuance Date: | Expiration Date: | |

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4. PERSONAL HISTORY: If your answer is **YES** to any of the following questions, attach the order as a result of the proceedings. On an attached sheet give full details, including the administrative agency, court, and title of the proceeding, disposition and any other pertinent information (see NRS 645.330).

- a. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No
- b. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been suspended or revoked? Yes No
- c. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of the application? Yes No
- d. Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
- e. Have you ever been convicted of, or are you under indictment for, or have you entered a plea of guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude? Yes No
- f. Are you presently on parole or probation or paying any restitution? Yes No
- g. Have you ever filed bankruptcy or has bankruptcy been filed against you? **If yes, please provide the date of discharge:** Yes No
If filed within the past 7 years, please provide a copy of the discharge.

5. CHILD SUPPORT QUESTIONNAIRE: YOU ARE REQUIRED TO CHECK ONE BOX.

- 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 that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- I **am** subject to a court order for the support of one or more children and **NOT IN COMPLIANCE** with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of that amount owed in that order.

6. NEVADA RESIDENT? Yes No

If no, complete and attach a notarized Consent to Service of Process, [Form 656](#).

7. DECLARATION: Signature of Applicant

I, (print name) _____, hereby, under penalty of perjury, declare that the answers contained in this application are true and correct; and I understand:

- That if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan my application for license, certification or renewal of a license or certification will be denied;
- That I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of real estate licensees in the State of Nevada;
- That by signing this application I authorize any person or institution to which reference is made by me in connection with the application to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me.

Signature: _____

Date: _____

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8. COMPANY AFFILIATION:

Both physical and mailing address **must be located in the State of Nevada.**

- a. Provide Company Name: Fictitious name or d.b.a. (if applicable, as registered with the County Clerk’s Office):
- b. Name of Corporation, LLC, or Partnership as registered with the Nevada Secretary of State:
- c. Location Address (provide number and street, state, and zip code):
NV, 89
- d. Company Mailing Address (if different from the physical address above):
NV, 89
- e. Business Telephone Number: Business Email Address:

Acknowledgment of Intent to Employ

NOTE: BROKER applicants are not required to sign “Acknowledgment of Intent to Employ” below.

- f. This is to certify that I, (print name) _____, am a duly licensed broker, Owner/Developer, Sales Manager, or Office Manager on active status registered with the Nevada Real Estate Division of the Department of Business and Industry. It is my present intent to employ or associate with me the within-named salesperson or broker-salesperson, _____ **(required)**. I will exercise careful supervision over his/her real estate activities while he/she is associated with or employed for me.

Required: License Number of Broker, Sales Manager, or Office Manager:

Print name of Broker or Licensed Office Manager with Authority:

Signature of Broker or Office Manager with Authority:

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 353C.1965**

All applicants MUST complete this section. Please select ONE option.

- I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is:

- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- I do NOT have a Nevada business license number.

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov>

ARE YOU A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>
--

5. I hereby authorize **the Nevada Real Estate Division** (*name of requesting agency*) (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records 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.

6. 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.

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

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

ADDRESS: _____
PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency: **Nevada Real Estate Division**

Address: **3300 West Sahara Avenue #350**

Las Vegas, NV 89102

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____