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

ENERGY AUDITOR
CHECKLIST AND APPLICATION

The filing of this application does not authorize the applicant to conduct any activity for which a license is required. Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed and notarized. Fees are non-refundable.

☐ **APPLICATION:** Residents and non-residents 18 years or older, may apply with a complete application Form 663. Attach the documents listed below and a fee of **$365.00.**

☐ **FINGERPRINT BACKGROUND WAIVER:** Your fingerprint background waiver must be completed, signed and dated *prior to* obtaining your fingerprints.

☐ **FINGERPRINT CARD:** Attach to your application:

ONE complete fingerprint card, along with a **$40.00 cashier check or money order** made payable to the ***Department of Public Safety***. Personal checks, company checks, or cash will not be accepted.

OR

A verification of fingerprints taken electronically issued by an approved vendor. See Form 619 for a list of vendors, fees, and their addresses. Fingerprints expire after two (2) months.

☐ **RECORDS**: Complete and submit the Location of Records Form 664.

☐ **TRAINING AND EXPERIENCE:** Provide a copy of the certificate issued for certification or accreditation by an organization approved by the Administrator. Provide proof of not less than 40 hours of training.

☐ **INSURANCE:** Proof of insurance: $100,000 Errors and Omissions and $100,000 General Liability in the name of the applicant, the applicant's business entity, or the applicant's employer. The insurance documents must include the name of the applicant as being covered under the policy.

☐ **IDENTIFICATION**: Please provide a photo of yourself approximately 2" x 2". You may choose to submit a clear copy of a driver's license photo, passport photo, Immigration card photo, etc.

☐ **FEE**: $365.00. Payment is accepted by check payable to Nevada Real Estate Division or NRED. Cash in exact change and credit cards are accepted for in person transactions.

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ENERGY AUDITOR
ORIGINAL LICENSING APPLICATION

TYPE OR PRINT CAREFULLY: This application is to be completed personally by the candidate.

IMPORTANT: Only information deemed by law to be confidential shall be confidential (Social security number, 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) and sell licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

1. Nevada Resident: ☐ Yes ☐ No ("No," must provide Form 656)

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2. Personal Information **Date:** _____

First Name: _____ Middle or Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Date of Birth: _____ Last 4 of Social Security Number or Federal Taxpayer ID: _____

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3. Business Information

If a corporation or fictitious name is registered, please attach a copy of the registration or filing with the Secretary of State or County Clerk Office. Please list the address of the principle office below if different from home address.

Name of Business (if applicable): _____

Location Address: _____

Mailing Address: _____

County: _____ Business Telephone Number: _____

Division Use Only:

Credential Number: **EA.** _____ Issue Date: _____ Processor Initials: _____

Receipt Number: _____ Date: _____ Processor Initials: _____

4. Occupation:

List employers, past and present, for five years preceding date of application. Attach additional list if necessary. If unemployed, please indicate as such and dates.

a. Occupation/Position: _____

Employer/Supervisor: _____ Phone: _____

Address: _____

Employed from _____ to _____

b. Occupation/Position: _____

Employer/Supervisor: _____ Phone: _____

Address: _____

Employed from: _____ to _____

c. Occupation/Position: _____

Employer/Supervisor: _____ Phone: _____

Address: _____

Employed from: _____ to _____

5. Child Support Declaration NRS 425.520

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this license will be denied if you do not complete this section.

PLEASE 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. PERSONAL BACKGROUND: If you answer "yes" to the questions below, give full details, including the administrative agency, court, title of proceeding, disposition, and any other pertinent information on an attached sheet. Attach order of the court or agency which was rendered as a result of the proceedings and a detailed written explanation. Both fingerprint cards are submitted for a State and Federal background investigation.

a. Have you or any business in which you are or were an owner, partner, officer or director ever 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 filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from the date of this application, please provide a copy of the discharge. Yes ☐ No ☐
Date of discharge: _____

e. Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes ☐ No ☐

f. Are you presently on parole or probation or paying any restitution? Yes ☐ No ☐

g. 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 ☐

7. DECLARATION OF APPLICANT:

I hereby certify under the penalty of perjury 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 a certificate or renewal of a certificate will be denied.
- That I will faithfully comply with all the statutes and regulations pertaining to the conduct of the Licensed Energy Auditor 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 Nevada Real Estate Division any information in the possession of such person or institution regarding me.

Signature of Applicant: _____

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REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 645C

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 ☐ NO ☐

Nevada Department of
Public Safety

Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Nevada Real Estate Division** (*name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov .

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

9. I hereby authorize **Nevada Real Estate Division** *(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.

10. 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

Applicant's Signature: _____

Date: _____

Agency Account #: **880131**

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____