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

NEVADA OUT-OF-STATE COOPERATIVE CERTIFICATE

CHECKLIST AND APPLICATION

Cooperative Certificates are for **A SINGLE TRANSACTION ONLY** and **NOT MEANT** for conducting general real estate business on a day-to-day basis. Certificate expires at the end of the month after one year from the issuance date. The certificate is non-renewable. You must submit a new application

☐ **FEE:** Certificate fee accepted in certified funds only made payable to the Nevada Real Estate Division for $150.00.

☐ **ATTACHED LICENSE(S):** Copy of current active broker's and/or Salesperson's license.

☐ **HISTORY:** A current certified license history for active broker's and/or Salesperson's license.

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

☐ **FINGERPRINTS:** One finger print card taken by a law enforcement agency and fee in the form of certified funds, made payable to the Department of Public Safety for $40.00. *OR* submit the approved finger print vendor verification form (see vendor list Form 619). Fingerprints expire after two (2) months.

☐ **PHOTOGRAPH**: Attach to page #7 a 2X2 inch photograph for each out-of-state applicant.

☐ **CLIENT AND PROPERTY INFORMATION**: Attach identifying documentation indicating the out-of-state buyer you are representing, and the Nevada property they want to purchase.

Please complete this application as follows:

- **OUT-OF-STATE BROKER**: section I: pages 1-3 and page 7.
- **NEVADA BROKER**: section II, pages 4 & 5.
- **OUT-OF-STATE SALESPERSON**: page 6 and page 7

Section I. Must be completed by the OUT-OF-STATE BROKER

Please print or type.

1. **APPLICANT:** Out-of-State Broker Individual's name.

Name:_____

Home address:_____

Mailing Address (if applicable): _____

Home Phone:_____ Cellular:_____

E-mail address:_____

Date of birth:_____ Social Security:_____

2. COMPANY: As registered with your regulatory agency: Company's name

Company Name:_____

Company address:_____

Mailing Address (if applicable): _____

E-mail address: _____

Bus Phone:_____ Fax#:_____

3. NEVADA BROKER: Name and business name and address of Nevada broker:

Broker name:_____

Business name: _____

4. OTHER LICENSES

☐ **Yes** ☐ **No** **a**. Have you ever been licensed as a real estate broker or salesman in Nevada or any state other than the one in which you now reside? Attach an official history of all licenses dated within the last ten years.

☐ **Yes** ☐ **No** **b**. Have you ever been issued any type of professional license other than real estate by a state agency or public authority in your state or in any other state?

☐ **Yes** ☐ **No** **c.** Do you have any current cooperative agreements with other Nevada brokers? If "yes", please provide your certificate number: COOP._____

5. COMPLETE THE FOLLOWING [a-e (1-6)]:

If your answer to any of the below is *YES* attach the order of the court or agency which was rendered as a result of the proceedings. Give full details, including the administrative agency, court, title of the proceeding, disposition and any other pertinent information on an attached sheet.

a) ☐ **Yes** ☐ **No** 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?

b) ☐ **Yes** ☐ **No** 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?

c) ☐ **Yes** ☐ **No** 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. Date of discharge_____.

d) ☐ **Yes** ☐ **No** Are you presently on parole or probation or paying any restitution?

e) ☐ **Yes** ☐ **No** Have you ever been convicted of a felony or misdemeanor?

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6. 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. NRS 645.358

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 the amount owed in that order.

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7. APPLICANT DECLARATION: Signature of applicant-NRS 53.045

Applicant, by signing and filing this application, authorizes any person or institution to whom reference is made by the applicant 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 said applicant.

The applicant does hereby certify that should a change of address occur, he will immediately notify the Real Estate Division, and that in the event this certificate is canceled, suspended, or revoked he will promptly return same along with the identification card, to the Real Estate Division.

- 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.
- 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;

OUT-OF-STATE BROKER AFFIDAVIT

I, _____ being first duly sworn on oath, state that I have personally prepared the foregoing application, that in acting as a cooperating broker, I agree to be bound by and subject to the provisions found in Nevada Revised Statutes, Chapter 645, and the Regulations promulgated pursuant thereto, which I have read, and that the statements made by me in this application are true and are made under the penalties of perjury.

X _____
Signature of Out-of-State Broker Applicant

State of _____ *ss. County of* _____

This instrument was acknowledged before me on _____ *(date) by* _____
(Print name of person who presents the document)

_____ *X* _____
Date *Signature of Notarial Officer*

My Commission Expires: _____

(Seal)

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NEVADA REAL ESTATE LICENSED BROKER

SECTION II — Must be completed by the Nevada Broker.

Please print or type:

1. Name _____
First *Middle* *Last*

2. Business Name: _____ Telephone No. _____

3. Business Address: _____
No. and Street *City, State* *Postal code*

4. Nevada License Number _____

5. Name of Out-Of-State Licensed Broker: ☐**CORP** ☐**LLC** ☐**SOLE PROPRIETOR** ☐**OTHER**__ _____

a. Name: _____
First *Middle* *Last*

b. Business Address: _____
No. and Street *City, State* *Postal code*

c. Business Name: _____ Contact phone #: **( )** _____

6. ☐ Yes ☐ No Has any legal proceeding, civil or criminal, in which you were named as a party been initiated at any time since the filing of your last application for a license?
If "yes," give full details, including the court, title of proceeding and disposition **on an attached sheet**.

7. List names of all real estate brokers and salesmen associated with you or in your employ that, in your absence, will be authorized to act as your representative with the out-of-state licensed broker. Complete the Nevada Broker portion of the Authorization for Out-of-State Salesperson form.

NAME	STATUS	LICENSE NUMBER

8. List all cooperative agreements you currently have with brokers of other states.
Furnish name(s), certificate number(s), address(es) and date(s) of issuance.

_____
_____
_____

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NEVADA BROKER AFFIDAVIT

I, _____ being first duly sworn on oath, state that I am the Nevada Broker of Record. In acting as a cooperating broker, I agree to be bound by and subject to the provisions found in Nevada Revised Statutes, Chapter 645, and the Regulations promulgated pursuant thereto, which I have read, and that the statements made by me in this application are true and are made under the penalties of perjury.

x _____
Signature of Nevada Broker

State of _____ *ss. County of* _____

This instrument was acknowledged before me on _____ *(date) by* _____
(Print name of person who presents the document)

_____ *x* _____
Date *Signature of Notarial Officer*

(seal) My Commission Expires _____

STATE OF NEVADA

REAL ESTATE DIVISION

AUTHORIZATION FOR OUT-OF-STATE SALESPERSON

1. Complete this form only when an out-of-state salesperson is conducting Nevada real estate business. The *out-of-state Salesperson must c*arry this authorization at all times.

NEVADA BROKER

Name: _____

Business name: _____

Bus address:_____

X _____

(Signature)

License #:_____

X_____

SHARATH CHANDRA, ADMINISTRATOR
Department of Business and Industry
Nevada Real Estate Division

Official with raised seal

OUT-OF-STATE BROKER

Name _____

Business Name: _____

Bus address: _____

X _____

(Signature)

License #:_____

OUT-OF-STATE SALESPERSON

Name: _____

Business Name: _____

Bus address: _____

X _____

(Signature)

License #:_____

For Division Use Only

Issuance Date: _____ **Expiration Date: _____**

(Expires 12 months from date of issuance.)

Certificate #: _____

VITAL STATISTICS

FILL OUT THE VITAL STATISTICS BELOW –*Print or Type*

Name: _____

Residence Address: _____

_____

Email address: _____

Phone contact #: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Signature: _____

Date: _____

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

PHOTOGRAPH

Under authority granted by the Regulations, NAC 645.180,1(f), each applicant for an **original** out-of-state cooperative certificate will be required to submit a photograph of himself as part of the application when filed. Attach your photo to this page.

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: _____