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/

REAL ESTATE LICENSE
CHECKLIST AND APPLICATION

☐ **APPLICATION:** Must be 18 years or older to apply with a completed application Form 549.

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

☐ **FINGERPRINTS:** Submit the original fingerprint verification form issued by an approved fingerprint vendor. (obtain Form 619 for Nevada approved vendors). Fingerprints expire after two (2) months.

☐ **NON-RESIDENT:** All non-residents must submit the notarized "Consent to service of process" Form 656

☐ **PRIOR LICENSE:** Obtain a certified license history issued by the state in which you are licensed. The history must be dated within 90 days of your application submission date.

☐ **EDUCATION:** Submit proof of course completion by education certificate or certified college transcript. Specific course requirements are located on Form 501.

☐ **EXAM:** Submit original passing exam results from Pearson Vue.

A.) Nevada state exam dated within the last 12 months.
B.) General exam dated within the last 12 months. (If applicable)

☐ **FEES:**

SALESPERSON	**$140.00**
BROKER/SALESPERSON AND BROKER	**$160.00**

Fee payments are accepted in check, cashier's check, or money order payable to Nevada Real Estate Division or cash in the exact amount. Credit cards are accepted for in person transaction with a 2% convenience fee. Fees are non-refundable.

☐ **BROKER APPLICANTS ONLY:** Review broker checklist, Form 508 and submit all required documents.

Applications for broker and broker/salesperson are accepted from 8 a.m. to 4 p.m. only.

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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:** _____

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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):** _____

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:** _____

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: _____

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 ☐ 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: _____