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

COMMUNITY MANAGER and PROVISIONAL COMMUNITY MANAGER CERTIFICATION CHECKLIST AND APPLICATION

☐ **APPLICATION**: Residents and non-residents 18 years or older, may apply with a completed application Form 559, delivered by mail or in person, to the Nevada Real Estate Division at the location address listed above. Attach the documents listed below to the application with a fee of **$300.00**. Payments may be made by check, money order, cashier's check, cash in exact change, or credit cards for in person transactions. Please make checks payable to the Nevada Real Estate Division or NRED.

☐ **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.

☐ **EDUCATION:** An applicant must have successfully completed at least 60 hours of instruction in courses in the management of a common-interest community that have been approved by the CIC Commission. Provide a copy of a transcript or school certification.

☐ **EXPERIENCE:** Experience is required for a full Community Manager Certification *(Provisional Community Managers – experience is not required)*. Submit the completed Service Verification Form located on page six, document 8.

☐ **EXAM:** Submit original exam results (Register and pay for your exam on the Real Estate Division's website: https://red.nv.gov/Content/Licensing/Testing/. For exam scheduling, contact Pearson testing service:http://www.pearsonvue.com/nv/realestate/, or call: (888) 248-8055.)

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COMMUNITY MANAGER 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 and provide licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

Fee: $300.00 **Date: _____**

Application For (Please check one box): ☐ **Provisional Community Manager** ☐ **Community Manager**

ARE YOU A NEVADA RESIDENT? Yes ☐ **No** ☐

1. APPLICANT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Residence Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____ Email Address: _____

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

Mailing Address (if different from Residence Address**): _____**

City: _____ State: _____ Zip Code: _____

2. BUSINESS AFFILIATION:

Business Name (if applicable): _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Business Email: _____

For Provisional Community Manager Applicants, business name and address must be the same as that of the Supervising Community Manager's certification.

DIVISION USE ONLY: **Receipt Number: _____ Date: _____ Initials: _____**

3. OCCUPATION: 10 years consecutive required. Please indicate unemployment dates if applicable. Attach additional sheets if needed.

Occupation	Company	City, State	From (MM/DD/YY)	To (MM/DD/YY)

4. BACKGROUND: Check the appropriate box. Errors must be initialed. If you answer YES to any question listed below, you are required to attach the order of the court or agency which was rendered as a result of the proceedings. On a separate sheet provide full details, including the administrative agency, court, title of the proceeding, disposition and any other pertinent information. Attach all information to this application.

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, or the application for a license been denied?	☐ **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 again you? If filed within 7 years from the date of this application, please provide a copy of the discharge. **Date of Discharge: _____**	☐ **Yes** ☐ **No**
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**

5. CHILD SUPPORT DECLARATION *(CHOOSE ONLY ONE STATEMENT)*

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.

☐ 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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6. APPLICANT DECLARATION

I hereby state under penalty of perjury that the answers contained in this application are true and correct, 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 certified Community Managers in the State of Nevada, that by signing this application, 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. I, by signing and filing this application, authorize any person or institute, to whom 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.

I, _____, State that I am the applicant named, that I have personally prepared the foregoing application, and that the statements made by me in this application are true under penalty of perjury.

Signature of Applicant: _____

7. SUPERVISING COMMUNITY MANAGER

Please complete this form **for a Provisional Community Manager applicant only.**

Name of Business *(Company name where certificate holder conducts his/her business):* _____

Location Address: _____

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

Location Mailing Address: _____

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

Business Phone Number: _____

ACKNOWLEDGEMENT: Supervisor Acknowledgement of Intent to Employ

This is to verify that I, _____ , am a duly certified Community Manager on active status and registered with the Nevada Real Estate Division of the Department of Business and Industry. It is my present intent to employ with me the within named Provisional Community Manager: _____ . I will exercise careful supervision over his/her community management activities while he/she is associated with or employed by me.

_____ _____
Print Name of Supervising Community Manager *Signature of Supervising Community Manager*

Nevada Certificate Number: _____

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8. SERVICE VERIFICATION FORM

Name of Applicant: _____

Company (Firm) Name where applicant performed the services contained herein: _____

Phone Number: _____

Company Physical Street Address: _____

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

Position applicant held while performing the duties described below: _____

Dates of active full-time service. Please provide full dates (mm/dd/yy): From: _____ **To:** _____

Please initial those services which the applicant for a Nevada Community Manager certification assisted or performed for a common-interest community:

	Initials
Financial Management of an association.	_____
Property and facilities management.	_____
Specific duties relating to the management of a common-interest community as provided in the 116 Chapter.	_____
Governance of an association.	_____
Preparation of association related reports and correspondence.	_____
Building a sense of community within an association.	_____

Please provide the total number of hours to applicant provided in the areas initialed above: _____ **Hours**

By signing below, under the penalty of perjury, I hereby certify that the statements made herein are true and correct.

Print Name: _____ Signature: _____ Date: _____

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REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 116A.435

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: _____