**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/

## ORIGINAL ENDORSEMENT APPLICATION
## RESIDENTIAL APPRAISER / GENERAL APPRAISER

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE EXECUTING THIS APPLICATION.

## NEVADA APPRAISER APPLICANTS

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

☐ **FINGERPRINTS:** Attach one fingerprint card and cashier check or money order in the amount of $40.00 and made payable to the Department of Public Safety or submit an approved vendor verification form. The verification form must be dated within a ninety (90) day period immediately preceding application for licensure or certification. Obtain a list of vendors from the division website listed above, Form 619. Fingerprints expire after two (2) months.

☐ **RECORDS:** Complete and submit the Location of Records Form 555.

☐ **BUSINESS NAME:** Copy of fictitious name (if one is used) that is filed with the county clerk's office http://www.clarkcountynv.gov/ or copy of corporate or LLC filing with the Secretary of State http://nvsos.gov/ if business location is in the State of Nevada.

☐ **EDUCATION:** Proof of completion of a three (3) hours Nevada appraisal Law for endorsement applicants. Copies of original certificates are accepted.

☐ **CURRENT CERTIFICATION or LICENSE:** Attach a copy of Appraisal License/Certification issued by Resident State.

☐ **PHOTOGRAPH:** Attach a photograph (headshot of yourself) taken within the past year.

☐ **NON-NEVADA RESIDENTS:** Complete and attach the Consent to Service of Process Form 656.

☐ **FEES:** Fees are accepted in the form of check, money order, or a cashier's check made payable to the Nevada Real Estate Division (NRED). Cash accepted for hand deliveries in the exact amount only.

| | |
|---|---|
| **Certified General Appraiser** | **$535.00** |
| **Licensed and Certified Residential Appraiser** | **$435.00** |

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## ORIGINAL RECIPROCAL / ENDORSEMENT APPLICATION FOR A RESIDENTIAL, CERTIFIED RESIDENTIAL OR CERTIFIED GENERAL APPRAISER

***Section A:*** **Please Print**

**1. APPRAISAL LICENSE or CERTIFICATE TYPE: Please check one box**

☐ Licensed Residential **$435.00** ☐ Certified Residential **$435.00** ☐ Certified General **$535.00**

Make checks or cashier's checks payable to the NRED or Nevada Real Estate Division. Cash is accepted in exact amount only.

**2. PERSONAL INFORMATION:**

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

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

**3. BUSINESS:**

Company Name *(write full names of Partnership, Corporation, or LLC and DBA [if applicable]; DBA or your name for sole proprietorship):* _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

***Section B.*** **1-7: Please Print**

**1. ADDITIONAL NAMES:** List names used other than the one given above:

***Division Use Only:***

Credential Number: A. _____ Issue Date: _____ Processor Initials: _____

Receipt Number: _____ Date: _____ FP forwarded: _____ Processor Initials: _____

**2. OCCUPATION:** List employers, past and present, for two consecutive years preceding date of application. Attach a separate sheet if additional space is needed:

**a.** Occupation: _____ Employer: _____

Address: _____

Employed from _____ to _____

**b.** Occupation: _____ Employer: _____

Address: _____

Employed from _____ to _____

**3. RESIDENCES:** Past 3 consecutive years are required. Attach a separate sheet if additional space is needed.

**a. Address:** _____

**From** _____ **to** _____

**b. Address:** _____

**From** _____ **to** _____

**c. Address:** _____

**From** _____ **to** _____

**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.

**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 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 ☐

**5. CHILD SUPPORT DECLARATION FOR 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.

**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.

**6. AFFIDAVIT:**

- 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 hereby certify that I have read and understand the provisions of Chapter 645C of NRS and the corresponding regulations pertaining to the licensing and regulation of real estate appraisers in the State of Nevada.

- I certify under penalty of perjury that the information provided above and additional information submitted, as part of this application, is true and accurate to the best of my knowledge and further acknowledge that falsification of any of the information submitted as part of this application is grounds of denial of issuance or subsequent revocation and may impact future applications to NRED.

Name: _____ Signature: _____

**7. Place a 2x2 photograph in the space provided below.**

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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: _____