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/

APPLICATION INSTRUCTIONS for ASSET MANAGEMENT PERMIT

INSTRUCTIONS

☐ **FEE:** Attach a check or certified funds made payable to the Nevada Real Estate Division or cash in the exact amount for in person delivery, of $90.00 per applicant. Individual applications must be completed for each applicant, but application fees can be combined on one check if applications are submitted in one filing. (See instruction #2 B regarding fingerprint fees.)

☐ **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.

☐ **PHOTOGRAPH:** Attach a 2" x 2" head shot picture taken within the past 12 months.

☐ **CONSENT TO SERVICE OF PROCESS:** If you are not a resident of the State of Nevada you must complete the Consent to Service of Process.

IMPORTANT NOTES:

- All required fees must accompany application.
- Only original applications are accepted.
- The registration is valid when the applicant receives the permit issued by the Nevada Real Estate Division. The permit expires one year from the date of issuance.
- The application is a public record under Nevada Revised Statutes Chapter 239. Certain information is deemed by law to be confidential. However, most information provided by an applicant is public information and must be provided upon request to the Division.

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APPLICATION for ASSET MANAGEMENT PERMIT

FEE: $90.00

1. APPLICANT:

Applicant Name: _____

Residence Address: _____

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

Mailing Address (if applicable): _____

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

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

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

2. COMPANY INFORMATION: Location in Nevada where you will be conducting asset management services.

Company Name: _____

Company Address: _____

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

Phone Number: _____ **Fax Number:** _____ **Email Address:** _____

Name of Registered Asset Management Company: _____

3. CRIMINAL/BACKGROUND 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 had a professional or occupational license issued by any state, district or territory of the United States or any foreign country suspended, revoked or voluntarily surrendered in lieu of other discipline within the last ten (10) years? Yes ☐ No ☐

b. Have you had a license, certificate or registration issued pursuant to the provisions of this chapter suspended, revoked, or voluntarily surrendered in lieu of other discipline within the last ten (10) years? Yes ☐ No ☐

c. Have you ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any crime involving fraud, misrepresentation or moral turpitude? Yes ☐ No ☐

d. Have you ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of real estate? Yes ☐ No ☐

4. REGULATION/SERVICES:

☐ Yes This applicant attests that he/she has read and understands the provisions of section 29.5 to 33, inclusive, of Senate Bill Number 314 of the 2011 Legislative Session.

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

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.

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. ACKNOWLEDGEMENT: I hereby certify under penalty of perjury that the answers contained in this Asset Management Permit Application Form 666 are true and correct. 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 a plan, my application for license, certification or renewal of a license or certification will be denied.

Print Name: _____ Signature: _____

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

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/.

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: _____