

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 *(702) 486-4033
email: realest@red.state.nv.us <http://www.red.state.nv.us>

Original Licensing Application for
**LICENSED RESIDENTIAL APPRAISER /CERTIFIED RESIDENTIAL APPRAISER/
AND CERTIFIED GENERAL APPRAISER**

Section A.

Type or print carefully. This section is to be completed by all candidates.

Return this application form within one year of the exam date to either of the Nevada Real Estate Division offices listed at the top of this form. Enclose a check or postal money order for the appropriate fee according to the schedule. Failure to return this completed application form and fee within one year of the exam date will result in invalidation of this 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 sell licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

FEE SCHEDULE: APPLICATION FEE IS NON-REFUNDABLE

Licensed and Certified Residential Appraiser **\$420.00** Certified General Appraiser **\$520.00**

Application and Certificate fee (make check, money order, or cashiers check made payable to **NRED**)

1. Test: Residential Appraiser Certified Residential Appraiser. Certified General Appraiser.

Appraisal License Desired: Licensed Residential Certified Residential Certified General

Nevada Resident? Yes No

Status Desired: Active Inactive

2. Name _____ DATE: _____
First Middle Last

Full residence address: _____

Full Mailing address: _____

Home Phone: _____ Date of Birth: _____

Email address: _____ Social Security #: _____

3. Business: Corporation DBA Limited Liability Company

Name of Business: _____

Physical Address: _____

Mailing Address: _____

County (NV only): _____ Business Telephone Number: _____

Division use only: Date: _____ Receipt#: _____ Processor initials: _____

FP results received date: FBI: _____ State: _____

Lic or cert # _____ Issued date: _____ Initials _____

Section B. All Applicants are to complete items 1-10.

1. **List names** used other than one provided and explain: _____

(i.e.: Maiden name, Married name, legal name)

2. **Occupation:** List employers, past and present, for **two years** preceding date of application. List additional information on and attached sheet.

A. _____
Occupation

Employer

Address number & street

City State

Zip

From _____ **To** _____

B. _____
Occupation

Employer

Address number & street

City State Zip

From _____ **To** _____

3. **Residences** for past **three years:** List additional information on and attached sheet.

A. _____
Number & Street

City State Zip

From _____ **To** _____

B. _____
Number & Street

City State Zip

From _____ **To** _____

4. Investigation information:

If your answer is **YES** to any of the following questions, attach the order of the court as a result of the proceedings. On an attached sheet, write full details, including the administrative agency, court, title of the proceeding, disposition, and any other pertinent information.

Yes No

- 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?
- 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?
- c. Has an application for any type of license been denied?
- d. 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?
- e. Have you **ever** been charged with or arrested for a felony, gross misdemeanor, or misdemeanor?
- f. Have you **ever** been convicted of a felony, gross misdemeanor, or misdemeanor?
- g. Have you **ever** been permitted to change your plea of guilty or had a criminal conviction reversed, or had a judgment or verdict vacated?
- h. Have you **ever** received an executive pardon?
- i. 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?
- j. Are you presently on parole or probation or paying any restitution?
- k. 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 _____.

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.

- 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. DECLARATION: Signature of applicant-NRS 53.045

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 of Applicant

Date

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7. INTERN EXPERIENCE VERIFICATION

This section is to be completed by previous Appraiser(s) with whom the applicant has been associated as a Registered Intern.

Read this form carefully before completing and signing it. Under the Nevada Revised Statute 645C.330, an applicant for a residential appraiser license must furnish proof of 2,400 hours in **NOT LESS THAN** 2 years, experience working full-time as an intern.

An applicant for a certified residential appraiser must provide proof of 2500 hours, including 500 hours in complex property, in not less than 2 years, experience working full-time as an intern.

An applicant for a certified general appraiser must provide proof of 3600 hours, including 1000 hours of the appraisal of commercial real estate, in not less than three (3) years experience working full time as an intern.

For experience as an Intern Appraiser to be considered "active, full-time," an intern must have actually prepared or be recognized as contributing significantly in preparing the appraisal. Mere registration as an intern does not apply toward qualifying as an appraiser.

Complete sections 1 through 6 below. Be sure to sign the Certificate section in the presence of a Notary Public.

1. Applicant's Name: _____
Last *First* *M.I.*

2. Applicant's Home Address: _____

3. Description of Applicant's Employment

- a. Applicant worked: Full-Time Part-Time
- b. Applicant devoted an average of _____ hours per week.
- c. Did applicant have other employment or business activity? Yes No If "yes," attach explanation.

4. Applicant was Employed Continuously from

/	/
<i>Month</i>	<i>Day</i>

to

/	/
<i>Month</i>	<i>Day</i>

Year

5. Certification

I, _____ being first duly sworn on oath, say that I am a duly licensed real estate appraiser of the state of _____ I declare that the foregoing is true and correct.

Appraiser's Signature _____
Company or Corporate Name during the dates listed above.

Business Street Address _____ _____ _____
City *State* *Zip*

Telephone Number

STATE OF _____ SS. COUNTY OF _____

This instrument was acknowledged before me on _____ date, in the possession of applicant or by, _____

 (*Print name of person who presents the document*)

X

Signature of Notarial Officer

(Notary stamp)