



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

788 Fairview Drive, Suite 200 * Carson City, NV 89701-5453 * (775) 687-4280
2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033
e-mail: realest@red.state.nv.us http://www.red.state.nv.us

**LICENSE/CERTIFICATE/PERMIT RENEWAL
Continuing Education Extension Request**

Requirement for renewal or reinstatement of license, certificate, or permit, a licensee or holder of a certificate or permit may petition the administrator for an extension of time in which to comply with the requirements for continuing education. The administrator may grant such an extension if s/he finds that the licensee or holder of the certificate has a severe hardship resulting circumstances beyond his control that has prevented him from meeting the requirements.

I do not have the required hours of continuing education courses completed for my renewal. I am therefore not qualified to renew my license. I have experienced a severe hardship in completing these hours and am requesting a time extension in which I will complete the continuing education hours.

<i>Printed Name</i> _____		<i>License No.</i> _____	
<i>Street Address</i> _____	<i>City</i> _____	<i>State</i> _____	<i>Zip Code</i> _____
Phone Number _____	Fax Number _____		
Renewal Date: _____	Requested Extension Date _____		
Number of Hours Needed: _____	Number of Hours Completed: _____		

COURSE TITLES AND HOURS COMPLETED TO DATE FOR THIS LICENSING PERIOD:

COURSE TITLES AND DATES SCHEDULED:

SEVERE HARDSHIP EXPLANATION:

Signature *Date*

Note: Education credits obtained and completed during this extension period will apply only toward subject renewal, it may not be applied to your next two (2) year renewal.

Consideration will be given to the circumstances beyond one's control. Evidence as to the circumstance will assist in the consideration, i.e., medical problem, copy of hospitalization record or doctor's report, cancellation notice of a scheduled course. Attach extra page with explanation if necessary.

When complete, attach certificates to this request form and submit by mail (address shown above) or fax (702) 486-4275.

DIVISION USE ONLY			
Date Received _____	Reviewed By: _____		
Approved <input type="checkbox"/>	Extension Date: _____	Disapproved <input type="checkbox"/>	

Submit this form, application for renewal, and fees by renewal date.