

**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>

**INSPECTOR OF STRUCTURES
CHECKLIST AND APPLICATION**

The filing of this application does not authorize the applicant to conduct any activity for which a license is required. Involvement in any such activity before any license is issued may be grounds for denial of the license, subsequent suspension, or revocation of a license.

Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed and notarized. Fees are non-refundable.

All requested information and documents must be completed and provided in full at the time of submission of application.

- APPLICATION:** Residents and non-residents 18 years or older, may apply with a complete application form #573. Attach the documents listed below and a fee of **\$350.00**.
- FINGERPRINT CARDS:** Attach to your application:
 - ◆ **TWO** complete fingerprint cards, along with a **\$51.25 cashier check or money order** made payable to the **Department of Public Safety**. Personal checks, company checks, or cash will not be accepted.
 - OR**
 - ◆ Verification of fingerprints taken electronically by an approved vendor. See [form #619](#) for list of vendors and their addresses.
- RECORDS:** Section #7. Complete the location of records form.
- NON-US CITIZENS:** Section #4. If you answered “No”, please provide proof of eligibility to work. Copies may be enlarged.
- EDUCATION:** Provide a copy of the course certificate. A minimum of 40 hours required for the Residential, 50 hours for the General, or 60 hours for the Master Inspector.
- EXPERIENCE: RESIDENTIAL IOS:** Provide a completed observation log form #594 or the certificate of completing the approved 25 inspections course. **GENERAL or MASTER IOS:** The inspection log requirement is listed in the NAC 645D.220 and NAC 645D.230. Form #594 is required.
- EXAM:** PSI examination service will provide proof of passing the exam. Please provide the original Certificate of passing upon application. Contact PSI examination service at (800) 733-9267 or utilize the web address at www.psiexams.com. A non-transferable non-refundable fee in the amount of \$100.00 per exam is accepted by PSI in the form of Visa or Master Card through telephone, fax, or internet registration. Mail in registrations are payable by Cashiers Check or Money Order made payable to PSI.
- INSURANCE:** Proof of insurance: \$100,000 Errors and Omissions and \$100,000 General Liability. Please make sure the insurance documents include your personal name.
- BUSINESS:** When creating a fictitious name, please provide proof of filing with Clark County Clerk’s office and/or the Nevada Secretary of State.

Note: Contact the Taxation Department for your Nevada State Business license: Reno (775) 688-1295; Carson City (775) 684-2000; Las Vegas (702) 486-2300; website <http://www.tax.state.nv.us>

**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>

7. OCCUPATION: List employers, past and present, for five years preceding date of application. Attach additional list if necessary. If unemployed, please indicate as such and dates.

a. Occupation/Position _____

Employer/Supervisor _____ **Phone** _____

Address _____

Number and Street *City* *State* *Zip Code*

Employed from _____ **to** _____

Month/Year *Month/Year*

b. Occupation/Position _____

Employer/Supervisor _____ **Phone** _____

Address _____

Number and Street *City* *State* *Zip Code*

Employed from _____ **to** _____

Month/Year *Month/Year*

c. Occupation/Position _____

Employer/Supervisor _____ **Phone** _____

Address _____

Number and Street *City* *State* *Zip Code*

Employed from _____ **to** _____

Month/Year *Month/Year*

8. 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. NRS 645.358

PLEASE 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.

**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>

8. CHARGES AND CONVICTIONS: If you answer "yes" to the questions below, give full details, including the administrative agency, court, the title of proceeding, disposition, and any other pertinent information on an attached sheet. Attach order of the court or agency which was rendered as a result of the proceedings and a detailed written explanation. Both fingerprint cards are submitted for a State and Federal background investigation.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Has an application for any type of license been denied? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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 _____. |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with or arrested for a felony, gross misdemeanor, or misdemeanor? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received an executive pardon? |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently on parole or probation or paying any restitution? |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been permitted to change your plea of guilty or had a criminal conviction reversed, or had a judgment or verdict vacated? |
| k. | <input type="checkbox"/> | <input type="checkbox"/> | 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? |

11. DECLARATION OF APPLICANT: NRS 645D.200(2)[b]

I, here by certify under the penalty of perjury 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 a certificate or renewal of a certificate will be denied.

◆ That I will faithfully comply with all the statutes and regulations pertaining to the conduct of the Inspector of Structure certification 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 Nevada Real Estate Division any information in the possession of such person or institution regarding me.

X _____
Signature of Applicant

ss. State _____
County _____

This instrument was acknowledged before me on (date) _____ by _____
(Print applicant's name)

SEAL

X _____
Signature of Notary Public: