STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 * (702) 486-4033
e-mail: realest@red.nv.gov * http://red.nv.gov/

EXPERIENCE VERIFICATION FOR A NEVADA PROPERTY MANAGER
NRS 645.6055

FORM MUST BE COMPLETED BY VERIFYING BROKER.

---

1. NAME OF PERMIT HOLDER: _____
Permit Number: _____ **State of Issue:** _____

---

2. EXPERIENCE HISTORY: ☐ Full-time ☐ Part-time

---

3. DATES OF EXPERIENCE:

from		to	
from		to	
from		to	
	month day year		month day year

Multiple lines may be used for breaks in employment with same broker and company only.

---

4. BROKER DECLARATION: I, (please print your name) _____

being first duly sworn by oath, say that, I am/was the real estate broker for the company named :

_____

(**check the boxes that apply)**
☐ I am/was the real estate property manager. Permit number PM._____
☐ I authorized _____, permit number PM. _____, as the designated property manager located at: _____

_____

Under penalty of perjury, I declare that the foregoing is true and correct.

_____ X _____
(Print name) (Signature of broker)

---

5. NOTARY:

ss. STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____***by***_____
(date) **(person presenting document)**

X _____ (seal)
(Signature of Notarial Officer