STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

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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