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

NEVADA APPRAISER APPLICANTS

(Non-reciprocal)

ATTENTION APPRAISER UPGRADE APPLICANTS:

Examin	are prerequisites needed before an applicant can take the National Uniform Licensing and Certification nations. The applicant must have all experience and education completely verified by the appropriate state appraiser ory agency prior to taking the National Examination. The appropriate steps to take are below.		
	EDUCATION: Proof of education required. Education requirements available online at http://red.nv.gov/Content/Appraisal/Licensing_Requirements/ . Copies of original certificates and/or official transcripts are accepted. Education must be complete and approved prior to taking the exam and submitting an application.		
	APPRAISAL LOG: form 537a is required for non-reciprocal applicants. Attach original appraisal logs. See NRS 645C for the log entry requirements. Form 537a and the NAC 645C are located on the Division website listed above. Log must be complete and approved prior to taking the exam and submitting an application.		
<u>APPL</u>	ICATION CHECKLIST		
	FINGERPRINT BACKGROUND WAIVER: Your fingerprint background waiver must be completed, signed and dated <i>prior</i> to obtaining your fingerprints.		
	<u>FINGERPRINTS</u> : Attach one fingerprint card and cashier check or money order in the amount of \$40.25 and made payable to the Department of Public Safety <u>or</u> submit an approved vendor verification form. The verification form must be dated within a ninety (90) day period immediately preceding application for licensure or certification. Obtain a list of vendors from the division website listed above, <u>Form 619</u> . Fingerprints expire after six (6) months.		
	RECORDS: Complete and submit the Location of Records Form 555.		
	<u>BUSINESS NAME</u> : Copy of fictitious name (if one is used) that is filed with the county clerk's office http://www.clarkcountynv.gov/ or copy of corporate or LLC filing with the Secretary of State https://nvsos.gov/		
	EXAM: For exam scheduling, contact Pearson VUE testing service: http://www.pearsonvue.com/nv/appraisers/ , or call: (888) 248-8055.		
	NEVADA APPRAISER INTERNS ONLY: Attach proof of attending at least 6 hours of hearings held by the Nevada Appraisal Commission.		
	<u>FEES</u> : Fees are accepted in the form of check, money order, or a cashier's check made payable to the Nevada Real Estate Division (NRED). Cash accepted for hand deliveries in the exact amount only. Credit cards are accepted for in person counter transactions.		
	Certified General Appraiser \$535.00 Licensed and Certified Residential Appraiser \$435.00		

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Original Licensing Application for LICENSED RESIDENTIAL APPRAISER/CERTIFIED RESIDENTIAL APPRAISER/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 make available licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

FEE SCHEDULE: APPLICATION	N FEE IS NON-REFUNDABI	LE.		
Licensed and Certified Appraiser: \$435.00 Certified General Appraiser: \$535.00				
Application and Certificate fee (chec	ck, money order, or cashiers ch	eck made payable to NRED)		
1. Test: Residential Appra Appraisal License Desired: Nevada Resident? Yes	Appraisal License Desired: Licensed Residential Certified Residential Certified General			
2. Name:		Date:		
Residence Address:				
City:	State:	Zip Code:		
Mailing Address:				
City:	State:	Zip Code:		
Home Phone:	Date of Birth:	Email Address:		
Last 4 of Social Security Number	ber or Individual Taxpayer II	D:		
3. Business: Corporation DBA Limited Liability Corporation			-	
Name of Business:				
Physical Address:				
City:	State:	Zip Code:		
Mailing Address:				
City:	State:	Zip Code:		
County (Nevada only):	e Number:			
<u>Division Use Only</u> : Date:	Receipt Number:	Processor Initials:		
Fingerprint results received date:	FBI:	State:		
License or Certificate Number:	Issued Date:	Initials:		

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Section B. All Applicants are to completed items 1-7.

1. <u>List Names</u> used other than the one provided and explain (i.e. maiden name, married name, legal name, etc.):

2.		Occupation: List employers, past and present, for <u>two years</u> preceding date of application. List additional information on an attached sheet.			
	A. Occupation:			Employ	yer:
		Address (number and	street):		
		City:		State:	Zip Code:
		From:	To:		
	B.	Occupation:		Emplo	yer:
		Address (number and	ess (number and street):		
		City:		State:	Zip Code:
		From:	To:		
	C.	Occupation:		Employ	yer:
		Address (number and	street):		
		City:		State:	Zip Code:
		From:	To:		
3.	Residences for the past three years: List additional information on an attached sheet.			ned sheet.	
	A.	Address (number and	street):		
		City:		State:	Zip Code:
		From:	To:		
B. Address (number and street):					
		City:		State:	Zip Code:
		From:	To:		
	C. Address (number and street):				
		City:		State:	Zip Code:
		From:	To:		

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realest@red.nv.gov / http://red.nv.gov/ **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. a. Have you or any business in which you are or were an owner, partner, officer or director ever been ☐Yes ☐ No involved in an administrative proceeding regarding any professional or occupational license? Yes No 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? Yes No 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? **d.** Have you *ever* been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No Have you *ever* been convicted of, or are you under indictment for, or have you entered a plea of guilty ☐Yes ☐ No or nolo contendre to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude? Are you presently on parole or probation or paying any restitution? Yes No Have you ever filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from Yes No the date of this application, please provide a copy of the discharge. Date of discharge: **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. <u>DECLARATION</u>: Signature of Applicant (NRS 53.045) , hereby, under penalty of perjury, declare that the answers contained in I, (print name) this application are true and correct; and I understand: That if I am subject to a court order for the support of one or more children and 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 1500 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	Middle Initial
2.	Applicant's Home Address:		
3.	Description of Applicant's Employment: a. Applicant Worked: Full-time b. Applicant devoted an average of hour c. Did applicant have other employment or busing	Part-time urs per week. uness activity? Yes No	o (If "yes," attach an explanation.
4.	Applicant was employed continuously from	to	
5.	5. Certification		
	I, estate appraiser of the state of	•	th, say that I am a duly licensed real are foregoing is true and correct.
Ap	ppraiser's Signature	Company or Corporate Name	during the dates listed above
Business Street Address		City Star	te Zip Code
Те	lephone Number		
STATE OF		SS. COUNTY OF	
This instrument was acknowledged before me on the name of the person who presents the document)		date, in the p	ossession of applicant or by (print
	(Notary Stamp)	Sionat	ure of Notarial Officer

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REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE Pursuant to NRS 645C

All applicants MUST complete this section. Please select ONE option.

	I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.		
	My Nevada business license number is:		
	I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.		
	I do NOT have a Nevada business license number.		
Informat	Il Estate Division is not the arbiter of determining whether the applicant needs a business license. tion about the Nevada business license can be found on the Secretary of State's website at: sos.gov/.		
ARE YO	OU A VETERAN? Yes No		



As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- 1. You must be notified by <u>Nevada Real Estate Division</u> (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
- 2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- 3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- 4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
- 5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
 Initial	 Date ag

- 6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- 7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- 8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
- 9. I hereby authorize Nevada Real Estate Division (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- 10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:			
PLEASE PRINT	Last Name	First Name	Middle
Applicant's Signature:			
Date:			
Agency Account #:	880131		
Agency Representative:			
PLEASE PRINT	Last Name	First Name	Middle
Agency Representative S	ignature:		
Date:			