STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

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APPRAISER INTERN TERMINATION NOTICE

To be completed by licensed Appraiser and acknowledged by subject Intern.

*** NOTE: <u>INTERN IS NOT ALLOWED TO HAND CARRY HIS/HER REGISTRATION CARD</u> ***

This is to notify you that the below named Intern(s) has been terminated from my association.

Termination Date:	Registration Card Number:		
Name of Intern:			
Residence: No. & Street	City	State	Zip
Mailing Address:	a.	g	
No. & Street / P.O. Box Employment was considered: Full-Time	City Part-Time	State	Zip
Impression of his / her character:			
Circumstances surrounding termination of employ	ment:		
I hereby acknowledge that I have notified the term Intern of this action pursuant to the provisions of N 645C.410.			
Print Name of Licensed Appraiser		License Number	
Signature of Licensed Appraiser		Firm Name	
Signature of Terminated Intern	[ATTACH IN	TERN REGIST	RATION]

Revised: 03/20/17 540