

**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/>

NEVADA OUT-OF-STATE COOPERATIVE CERTIFICATE

CHECKLIST AND APPLICATION

Cooperative Certificates are for **A SINGLE TRANSACTION ONLY** and **NOT MEANT** for conducting general real estate business on a day-to-day basis. Certificate expires at the end of the month after one year from the issuance date. The certificate is non-renewable. You must submit a new application

- FEE:** Certificate fee accepted in certified funds only made payable to the Nevada Real Estate Division for \$150.00.
- ATTACHED LICENSE(S):** Copy of current active broker's and/or Salesperson's license.
- HISTORY:** A current certified license history for active broker's and/or Salesperson's license.
- FINGERPRINT CARD:** One finger print card taken by a law enforcement agency and fee in the form of certified funds, made payable to the Department of Public Safety for \$36.25. OR submit the approved finger print vendor verification form (see vendor list form #619).
- PHOTOGRAPH:** Attach to page #7 a 2X2 inch photograph for each out-of-state applicant.
- CIVIL APPLICANT WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to the out-of-state cooperative certificate application.
- CLIENT AND PROPERTY INFORMATION:** Attach identifying documentation.

Please complete this application as follows:

- **OUT-OF-STATE BROKER:** section I: pages 1-3 and page 7.
- **NEVADA BROKER:** section II, pages 4 & 5.
- **OUT-OF-STATE SALESPERSON:** page 6 and page 7

Section I. Must be completed by the OUT-OF-STATE BROKER

Please print or type.

1. APPLICANT: Out-of-State Broker Individual's name.

Name: _____

Home address: _____

Mailing Address (if applicable): _____

Home Phone: _____ Cellular: _____

E-mail address: _____

Date of birth: _____ Social Security: _____

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2. COMPANY: As registered with your regulatory agency: Company's name

Company Name: _____

Company address: _____

Mailing Address (if applicable): _____

E-mail address: _____

Bus Phone: _____ Fax#: _____

3. NEVADA BROKER: Name and business name and address of Nevada broker:

Broker name: _____

Business name: _____

4. OTHER LICENSES

Yes No

a. Have you ever been licensed as a real estate broker or salesman in Nevada or any state other than the one in which you now reside? Attach an official history of all licenses dated within the last ten years.

Yes No

b. Have you ever been issued any type of professional license other than real estate by a state agency or public authority in your state or in any other state?

Yes No

c. Do you have any current cooperative agreements with other Nevada brokers? If "yes", please provide your certificate number: COOP. _____

5. COMPLETE THE FOLLOWING [a-e (1-6)]:

If your answer to any of the below is **YES** attach the order of the court or agency which was rendered as a result of the proceedings. Give full details, including the administrative agency, court, title of the proceeding, disposition and any other pertinent information on an attached sheet.

a) Yes No

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) Yes No

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) Yes No

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 _____.

d) Yes No

Are you presently on parole or probation or paying any restitution?

e) Yes No

1. Have you ever been convicted of a felony or misdemeanor?

Yes No

2. Are you presently on parole or probation or paying any restitution?

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6. 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.

7. APPLICANT DECLARATION: Signature of applicant-NRS 53.045

Applicant, by signing and filing this application, authorizes any person or institution to whom reference is made by the applicant 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 said applicant.

The applicant does hereby certify that should a change of address occur, he will immediately notify the Real Estate Division, and that in the event this certificate is canceled, suspended, or revoked he will promptly return same along with the identification card, to the Real Estate Division.

- 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.
- 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 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;

OUT-OF-STATE BROKER AFFIDAVIT

I, _____ being first duly sworn on oath, state that I have personally prepared the foregoing application, that in acting as a cooperating broker, I agree to be bound by and subject to the provisions found in Nevada Revised Statutes, Chapter 645, and the Regulations promulgated pursuant thereto, which I have read, and that the statements made by me in this application are true and are made under the penalties of perjury.

X

Signature of Out-of-State Broker Applicant

State of _____ ss. County of _____

This instrument was acknowledged before me on _____ (date) by _____
(Print name of person who presents the document)

Date
X

Signature of Notarial Officer

My Commission Expires: _____

(Seal)

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NEVADA REAL ESTATE LICENSED BROKER

SECTION II — Must be completed by the Nevada Broker.

Please print or type:

1. Name _____
First Middle Last

2. Business Name: _____ Telephone No. _____

3. Business Address: _____
No. and Street City, State Postal code

4. Nevada License Number _____

5. Name of Out-Of-State Licensed Broker: CORP LLC SOLE PROPRIETOR OTHER _____

a. Name: _____
First Middle Last

b. Business Address: _____
No. and Street City, State Postal code

c. Business Name: _____ Contact phone #: () _____

6. Yes No Has any legal proceeding, civil or criminal, in which you were named as a party been initiated at any time since the filing of your last application for a license?
If "yes," give full details, including the court, title of proceeding and disposition **on an attached sheet.**

7. List names of all real estate brokers and salesmen associated with you or in your employ that, in your absence, will be authorized to act as your representative with the out-of-state licensed broker. Complete the Nevada Broker portion of the Authorization for Out-of-State Salesperson form.

| NAME | STATUS | LICENSE NUMBER |
|------|--------|----------------|
| | | |
| | | |
| | | |

8. List all cooperative agreements you currently have with brokers of other states.
Furnish name(s), certificate number(s), address(es) and date(s) of issuance.

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NEVADA BROKER AFFIDAVIT

I, _____ being first duly sworn on oath, state that I am the Nevada Broker of Record. In acting as a cooperating broker, I agree to be bound by and subject to the provisions found in Nevada Revised Statutes, Chapter 645, and the Regulations promulgated pursuant thereto, which I have read, and that the statements made by me in this application are true and are made under the penalties of perjury.

 x

Signature of Nevada Broker

State of _____ *ss. County of* _____

This instrument was acknowledged before me on _____ *(date) by* _____
(Print name of person who presents the document)

Date

 x

Signature of Notarial Officer

(seal)

My Commission Expires _____

STATE OF NEVADA
REAL ESTATE DIVISION

AUTHORIZATION FOR OUT-OF-STATE SALESPERSON

1. Complete this form only when an out-of-state salesperson is conducting Nevada real estate business.
The *out-of-state Salesperson* must carry this authorization at all times.

| | |
|-----------------------------|--|
| <u>NEVADA BROKER</u> | |
| Name: _____ | |
| Business name: _____ | |
| Bus address: _____ | |
| X | |
| (Signature) | |
| License #: _____ | |

X _____
SHARATH CHANDRA, ADMINISTRATOR
Department of Business and Industry
Nevada Real Estate Division



Official with raised seal

| | |
|-----------------------------------|--|
| <u>OUT-OF-STATE BROKER</u> | |
| Name _____ | |
| Business Name: _____ | |
| Bus address: _____ | |
| X | |
| (Signature) | |
| License #: _____ | |

| | |
|--|--|
| <u>OUT-OF-STATE SALESPERSON</u> | |
| Name: _____ | |
| Business Name: _____ | |
| Bus address: _____ | |
| X | |
| (Signature) | |
| License #: _____ | |

| | |
|-------------------------------------|--|
| <u>For Division Use Only</u> | |
| Issuance Date: _____ | Expiration Date: _____ |
| Certificate #: _____ | (Expires 12 months from date of issuance.) |

VITAL STATISTICS

FILL OUT THE VITAL STATISTICS BELOW *–Print or Type*

Name: _____

Residence Address: _____

Email address: _____

Phone contact #: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Citizenship: _____

Signature: _____

Date: _____

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

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>

PHOTOGRAPH

Under authority granted by the Regulations, NAC 645.180,1(f), each applicant for an **original** out-of-state cooperative certificate will be required to submit a photograph of himself as part of the application when filed. Attach your photo to this page.



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **the Nevada Real Estate Division** (*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. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. 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.

5. I hereby authorize **the Nevada Real Estate Division** (*name of requesting agency*) (*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.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. 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

ADDRESS:
PLEASE PRINT _____

Applicant's Signature: _____

Date: _____

Submitting Agency: **Nevada Real Estate Division**

Address: **3300 West Sahara Avenue #350**

Las Vegas, NV 89102

Agency Representative:
PLEASE PRINT _____
Last Name First Name Middle

Agency Representative Signature: _____

Date: _____