

**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/>

**COMMUNITY MANAGER
CHECKLIST AND APPLICATION FOR REINSTATEMENT**

The filing of this application does not authorize the applicant to conduct any activity for which a certificate is required.

- APPLICATION:** Attach the documents listed below and the fee of **\$20.00**.
- RENEWAL FEE:** Required in addition to the reinstatement fee when a certificate has expired.
- | | | |
|--------------------------------|---------------------|-----------------|
| Community Association Manager: | Renewal fee | \$200.00 |
| | Late penalty | \$50.00 |
- FINGERPRINT CARDS:** Applicants must submit one hard copy card if they have been inactive for more than a year. Complete the entire top portion in black ink and attach a **\$23.50** cashier's check or money order made payable to ***Department of Public Safety (DPS)***. Personal or company checks, or cash will not be accepted by DPS.
- NON-NEVADA RESIDENT:** Out-of-state residents complete Form 656. This form is not required if completed previously and is on file.
- NON-US CITIZENS:** Please provide proof of eligibility to work. Copies may be enlarged.
- EDUCATION:** Provide certificates for 18 hours of continuing education approved by the Commission. Attach copies of certificates meeting the education requirement. The certificates must include a minimum of 3 hours of courses designated to fulfill Nevada community association law.
- NEVADA CRIMINAL HISTORY RECORD:** Complete the Nevada Department of Public Safety DPS-006 Form attached to the application.

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**COMMUNITY MANAGER
APPLICATION FOR REINSTATEMENT**

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 sell licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

Fees are non-refundable.

FEE: \$20.00

Certificate Number: _____ Date: _____

1. PERSONAL INFORMATION:

Name of Licensee: _____
First Middle Last

Home Address: _____
No. & Street City State Zip Code

Mailing: (if applicable) _____

Phone: _____ Cell: _____

Email address: _____

2. BUSINESS INFORMATION:

Business name: _____

Business Address: _____
No. & Street City State Zip Code

Mailing address:(If applicable) _____

Business Phone: _____ *Email address:* _____

DIVISION ONLY: Date: _____ Receipt: _____ Processor: _____

3. BACKGROUND HISTORY:

If your answer to any of the above as 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. If less than 7 years, the discharge of debtor is required for bankruptcy.

- 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 Has an application for any type of license been denied?
- d. 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?
- e. 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 _____.
- f. Yes No Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?
- g. Yes No Are you presently on parole or probation or paying any restitution?
- h. Yes No Have you ever been convicted of, or are you under indictment for or have you entered a plea of guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude?
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4. CHILD SUPPORT:

PURSUANT TO NRS 645.358, THE FOLLOWING STATEMENT MUST BE ANSWERED AND SIGNED. YOUR APPLICATION FOR THE ISSUANCE OF THIS LICENSE WILL BE DENIED IF YOU DO NOT INDICATE ON THE STATEMENT WHICH OF THE PROVISIONS THAT APPLIES TO YOU.

- 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.
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5. SIGNATURE:

- I understand 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 or certification or renewal of a license or certification will be denied.
- I further certify that I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of community managers in the State of Nevada.
- I, by signing this application, 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.
- I hereby declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Date: _____

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 116A.435

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/>



To Obtain a Copy of Nevada Criminal History Records (DPS-006)

The Nevada Criminal History Repository provides personal criminal history record information for the State of Nevada *only*. We cannot provide information for other states or the Federal Bureau of Investigation (FBI). In order to obtain your State of Nevada record, or proof that one does **not** exist, please follow the instructions below.

Who may request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

- Only the subject of the identification record can request a copy of his or her own Nevada Criminal History Record Information.

Please follow the instruction below on how to request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

1. Complete the Identification File Request for Nevada Records of Criminal History Form, DPS-006 (PID) on page 3. Please note, if for a couple, family, etc., all persons must obtain their own packet and complete the DPS-006 form in its entirety.
2. Obtain proof of identity via 1 fingerprint card complete with name, date of birth (DOB), place of birth (POB), sex, race, height, weight, hair color, and eye color. Fingerprints should be placed on a standard fingerprint card FD-258. Please note that the fingerprint card must contain all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions) and your signature must be on the card. Fingerprints must be taken, dated, and signed by a certified fingerprinting technician. Only an original card will be accepted, please do not submit copies or previously processed cards.
3. \$23.50 (US dollars) in the form of a money order or certified check made out to the Nevada Department of Public Safety.
 - Please be sure to sign where required
 - No personal checks or cash will be accepted
 - Must be for the exact amount
 - If for a couple, family, etc., please include \$23.50 (US dollars) for each applicant.

4. Please staple all of the items indicated in #1, #2 and #3 (listed above) together and return to the following address:

Department of Public Safety
Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

****NOTE*** If any of the above items are missing or incomplete, the request will be returned.*

All information required unless otherwise stated.

Type or Print legibly – unreadable documents may be returned.

Please allow approximately 45 days for processing, upon receipt by the Repository.

5. What you will receive when the process is complete:
 - State Negative Record Response – a letter indicating that no State of Nevada Record was found.

or

- State Positive Record Response – a letter indicating that a State of Nevada Record was located, along with the complete content of that record.



Department of Public Safety
 Records, Communications and Compliance Division
 333 West Nye Lane, Suite 100
 Carson City, Nevada 89706

**IDENTIFICATION FILE REQUEST FOR STATE OF NEVADA
 RECORDS OF CRIMINAL HISTORY FORM (DPS-006)**

I hereby authorize the State of Nevada Criminal History Repository to disclose criminal history record information, if any, within my identification file to me or the person or entity indicated below:

Please indicate the full name, address and contact information of the individual to be searched below (to be completed by the subject of the record).

**All information required unless otherwise stated.
 Type or Print legibly – unreadable documents may be returned.**

First Name: _____ Middle Name: _____

Last Name: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Contact Phone: _____ Contact Email: _____

Signature of Subject of Record Search _____ / /
Date of Birth

Date Signed

Please ensure mailing address is valid and accurate. **Due to the confidential nature of this response, mail cannot be forwarded.** If a change of address is needed a new DPS-006 Form will need to be submitted.

Respond to: Nevada Real Estate Division _____

Mailing Address: 3300 W. Sahara Avenue, Suite 350 _____
Street Address

Las Vegas, NV 89102 _____
City, State and Zip Code

Please indicate reason for request _____

To obtain a duplicate response, the request must be within 90 days from the original date processed.

The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A \$23.50 certified check or money order made payable to the Department of Public Safety must accompany each request.