STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

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

APPRAISER PRE-LICENSING EDUCATION COURSE RENEWAL APPLICATION: OUT-OF STATE PROVIDERS

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED THE COURSE APPLICATION FEE IS NON-REFUNDABLE

School Name:		Date:				
School Mailing Add	dress:					
City:	State:	Zip Code:				
School's Main Pho	ne: School's Fax:	School's Web Address:				
Owner Name:						
Education Contact	:					
Contact's Phone:	Contact's Email:					
Title of Course:						
Delivery Method: ☐ Classroom/Synchronous ☐ Internet ☐ Webinar						
Hours of Instruction	on: NV Approval Number:					
Has the curriculum	n for the course changed?					
Yes No	(If yes, please attach a detailed description	n of the changes.)				
Is the course approved through the Appraisal Qualifications Board (AQB) Course Approval Program?						
☐ Yes ☐ No	(If yes, please attach a copy of the approv	al certificate.)				
Has the approval fo jurisdiction?	or course been withdrawn/rescinded by t	the AQB course approval program or any other stat	te			
☐ Yes ☐ No	(If yes, please attach supporting documen	tation.)				

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Required Materials to be submitted with Application:

Material			Enclosed?	Comments			
List of Currently Approved Instructors and New Instructor Applications (who intend to teach course)							
Proposed Advertising							
List of Scheduled Course Dates and Locations							
Application Fee: \$100.00 (made payable to NRED)							
Note: Applications WILL NOT be processed until ALL required materials are submitted.							
☐ I consent to auditing and/or evaluating by authorized representatives of NRED.							
	I agree to report any material changes of the information contained in this application to NRED prior to presenting the amended course.						
	I agree to retain attendance records for at least five years from the date of the offering for each participant.						
	I agree to provide certificates of attendance completed in compliance with NAC 645C.315(4) with original authorized signatures only for students who have completed this course.						
	I agree to comply with the provisions of NAC 645C.						
Print Name:		Signature:		Date:			
		Applications and checks sho	ould be sent	to:			

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