

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](mailto: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:
Owner's Name:	School's Fax:	
School's Mailing Address:		
Education Contact:	Contact's Email:	
School's Main Phone:	Contact's Phone:	
School's Web Address:		

Title of Course:		Hours:
Delivery: <input type="checkbox"/> Classroom <input type="checkbox"/> Internet <input type="checkbox"/> Home Study	NV Approval #:	

Has the curriculum for the course changed?  YES  NO  
**If yes, please attach a detailed description 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 approval certificate.**

Has the approval for course been withdrawn/rescinded by the AQB course approval program or any other state jurisdiction?  YES  NO **If yes, please attach supporting documentation.**

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**Required Materials to be submitted with Application:**

<b>Material:</b>	<b>Enclosed?</b>	<b>Comments:</b>
<b>List of Currently Approved Instructors and New Instructor Applications</b> (who intend to teach course)	<input type="checkbox"/> Yes	
<b>Proposed Advertising</b>	<input type="checkbox"/> Yes	
<b>List of Scheduled Course Dates and Locations</b>	<input type="checkbox"/> Yes	
<b>Application Fee: \$100.00</b> (made payable to NRED)	<input type="checkbox"/> Yes	

- 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applications should be sent to:

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