

<u>Division use only:</u> Receipt # _____ Credential # _____ Processor initials _____ Date _____

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/>

LICENSE HISTORY REQUEST

Fee \$20.00 per license **Date:** _____

\$10.00 each additional copy per request.

How many license history certificates are requested? _____

YOUR NAME: _____
 (person requesting the history)

Name of Licensee:

LICENSE/Certificate/Permit TYPE:

(If different from requestor's name)

(Please circle one)

License # _____

Real Estate	Inspector of Structures
Property Manager	Business Broker
Community Manager	Qualified Intermediary
Timeshare	Appraiser

I. Mail requests: please provide mailing instructions below:

Name: _____

Company (if applicable): _____

Street Address: _____

City, State, Postal code: _____

II. Walk-in requests: Complete this form and attach the fee.