

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/>

RESERVE STUDY SPECIALIST APPLICATION

This application must be signed and notarized. Fees are nonrefundable. Please provide all information requested by the state of Nevada, along with this application.

- APPLICATION**: Residents and nonresidents 18 years or older, may apply with a completed application form No. 644. Attach the documents listed below plus \$250.
- FINGERPRINT CARDS**: When you apply for a registration with the Nevada Real Estate Division you must submit with your application one hard copy fingerprint card taken by a law enforcement agency plus a fee of \$23.50 in the form of money order or cashier's check made payable to the Department of Public Safety. Please refer to Form 619, Fingerprinting Vendors, for a list of agencies that may provide this service.
- NON-US CITIZENS**: Please provide proof of eligibility to work in the United States. Copies may be enlarged.
- IDENTIFICATION**: Please provide a photo of yourself approximately 2" x 2". You may choose to submit a clear copy of a driver's license photo, passport photo, Immigration card photo, etc.
- NEVADA CRIMINAL HISTORY RECORD**: Complete the Nevada Department of Public Safety DPS-006 Form attached to the reserve study specialist application.
- FEES**: \$250.00. Payments are accepted by check, money order, or cashier's check payable to Nevada Real Estate Division or NRED. Cash in exact change and credit cards are accepted for in person transactions.

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1. GENERAL INFORMATION - *Only information deemed by law to be confidential shall be confidential (e.g., SSN). Most information provided by an applicant for a registration is public and must be provided upon request. By policy, the Real Estate Division shall post (via its Web site) and sell registration lists, which include the registrant's name, business address (even if same as home address), and business phone number.*

Date: _____ Social Security No: _____

Full Legal Name: (Please print) _____
(First, middle and last.)

Residential Address: _____
(Number and street, City, State, Postal code)

Mailing Address: _____
(Complete only if mailing address is different from the physical home location. Business mailing addresses are listed in section #2.)

Home Telephone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail: _____

Are you a U.S. Citizen? Yes No If you chose "no", please provide your country of citizenship: _____

NOTE: Non-United States citizens must provide proof of the right to work in this country as an employee or independent contractor. Provide a copy of a current I.N.S. card, work permit card, or permanent resident card. Clear, readable copies must be made in advance and attached to this application.

2. BUSINESS INFORMATION – Please complete this area even if business is conducted from your home.

Business Name : _____

Business Address: _____
(Number and Street, City, State, Postal code)

Business Mailing Address: _____
(Complete only if mailing address is different from the physical business location.)

Business Telephone: (_____) _____ County: _____

DIVISION USE ONLY:

Receipt No. _____ Date _____ Initials _____

Registration No. _____ issue Date _____ Initials _____

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3. MORAL CHARACTER

- | No | Yes | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Has any license issued to you or any partnership or corporation of which you were a member, officer or director by any public authority been suspended or revoked, or the application for a license been denied? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has a surety company declined to be surety on any bond written on you in the two years preceding the date of the application? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. 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 _____.(MM/YYYY) |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Are you presently on parole or probation or paying any restitution? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you ever been convicted of, or are you under indictment for or have you entered 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? |

NOTE: If you answer is YES to any of the following questions, attach the order of the court or agency that was rendered as a result of the proceedings. Give full details, including the administration agency, court, and title of the proceeding, disposition and any other pertinent information on an attached sheet.

4. CHILD SUPPORT DECLARATION-(CHOOSE ONLY ONE STATEMENT)

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this permit will be DENIED if you do not complete this section.

- 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 AM 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. APPLICANT ATTESTATION

I affirm that I am qualified by training and experience to conduct a Reserve Study and meet the following in accordance with chapter 116.420 of the Nevada Administrative Code:

- (a) A good reputation for honesty, trustworthiness and integrity
- (b) The ability to evaluate the items on the component inventory with regard to normal and accelerated deterioration, deferred maintenance, remaining years of useful life and current cost to repair or replace;
- (c) The ability to perform financial analysis, cost estimates and 30-year projections, as applicable;
- (d) The background and knowledge pertinent to all areas to be addressed by the reserve study.

X _____
(Signature)

6. APPLICANT DECLARATION:

- I hereby state, under penalty of perjury, that the answers contained in this application are true and correct.
- That I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of Reserve Study Specialists under chapter 116, 116A, and 116B regulated by the Nevada Real Estate Division.
- 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 an initial or renewal of a registration will be denied or invalidated;
- And, that 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.

Signature of applicant: X _____

Verification upon oath or affirmation.

State of _____
County of _____

Signed and sworn to (or affirmed) before me on _____,
(Date)

by, _____.
(Print Name of Person signing statement above)

Seal

X _____
(Signature of Notarial Officer)

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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.