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 TEMPORARY CERTIFICATE INSTRUCTIONS

	FINGERPRINT CARDS: Applicants must submit one hard copy card and certified funds or money order only, made payable to the Department of Public Safety, for \$23.50.
	<u>FEE</u> : Application fee is \$200.00. Make checks payable to the Nevada Real Estate Division (NRED). Cash in exact change and credit cards are accepted for in person transactions.
	NON-RESIDENT: Complete and attach Form 656.
	NON-US CITZENS : Copy of your Immigration and Naturalization Service (INS) issued card o paperwork.
	EXPERIENCE: Attach Proof of Experience.
	EMPLOYMENT OFFER: Attach a copy of the offer of employment.
Safe	NEVADA CRIMINAL HISTORY RECORD: Complete the Nevada Department of Public ty DPS-006 Form attached to this application.

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 TEMPORARY CERTIFICATE

NOTE: 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.

1. PERSONAL INFORMATION:				No Nevada	
Name of Licensee: (Please print)	First	Mia	ldle		ast
Home Address:	o. & Street		City	State	Zip Code
Social Security:		Date of Birth:	•		•
Phone: (Email:			
Mailing address (if applicable):					
Business Address:	o. & Street		City	State	Zip Code
Mailing Address (if applicable):			-		
Business Phone:		E-mail address:			
Division use only: Receipt #: Received D					

3.	CRIMINAL/BACKGROUND HISTORY:						
	If you answer YES to any question listed below, you are required to attach the order of the court or agency which warendered as a result of the proceedings. On a separate sheet provide full details, including the administrative agency, cour title of the proceeding, disposition and any other pertinent information. Attach all information to this application.						
Yes	No						
		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?				
		b.	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.	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?				
		d.	Have you <u>ever</u> been convicted of a felony, gross misdemeanor, or misdemeanor?				
		e.	Have you <u>ever</u> 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?				
		f.	Are you presently on parole or probation or paying any restitution?				
		g.	Have you ever filed bankruptcy or has bankruptcy been filed against you? If yes, please provide the date of discharge If filed within the past 7 years, please provide a copy of the discharge.				
4.	CF	HLD	SUPPORT: CHECK ONE BOX ONLY.				
	I a	m <u>NC</u>	OT subject to a court order for the support of a child.				
	pla	<u>n</u> app	opject to a court order for the support of one or more children and <u>AM IN COMPLIANCE</u> with that order or broved by the district attorney or other public agency enforcing the order for the repayment of the amount that order.				
	pla	<u>n</u> app	riject to a court order for the support of one or more children and <u>NOT IN COMPLIANCE</u> with that order or broved by the district attorney or other public agency enforcing the order for the repayment of the amount that order.				
5. <u>D</u>	ECL	ARA	TION: NRS 53.045				
I he	reby s	state ı	under penalty of perjury that the answers contained in this application are true and correct; and I understand:				
			ject to a court order for support of one or more children and I am not in compliance with that order or plan, my cense, 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 a						
I, by	signin	g this	ager in the State of Nevada. application, authorize any person or institution to which reference is made by me in connection with the application to e to the Real Estate Division any information in the possession of such person or institution regarding me.				
Aj	oplicar	ıt's sig	nature: X 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 wit the provision of NRS Chapter 76 and my application is pending.	h
☐ 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:				
J	Street Address			
	City, State and Zip Co	de		
Contact Phone:	Contact	Email:		
Signature of Subject of Record	d Search	Date of Birth		
Date Signed				
	address is valid and accurate. Due to the cor of address is needed a new DPS-006 Form will n	nfidential nature of this response, mail cannot be need to be submitted.		
Respond to: Neva	nda Real Estate Division			
Mailing Address: _	3300 W. Sahara Avenue, Suite 350			
Las Vegas, NV 89102	Street Address			
	City, State and Zip Co	de		
Please indicate reas	son 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.