

**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.

- FEE:** 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 CITIZENS:** Copy of your Immigration and Naturalization Service (INS) issued card or paperwork.

- EXPERIENCE:** Attach Proof of Experience.

- EMPLOYMENT OFFER:** Attach a copy of the offer of employment.

- NEVADA CRIMINAL HISTORY RECORD:** Complete the Nevada Department of Public Safety DPS-006 Form attached to this application.

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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:

Yes **No** Nevada Resident?

Yes **No** US Citizen?

Name of Licensee: (Please print) _____
First Middle Last

Home Address: _____
No. & Street City State Zip Code

Social Security: _____ Date of Birth: _____

Phone: (____) _____ - _____ Email: _____

Mailing address (if applicable): _____

2. COMPANY INFORMATION:

Business name: _____

Business Address: _____
No. & Street City State Zip Code

Mailing Address (if applicable): _____

Business Phone: _____ *E-mail address:* _____

Division use only:

Receipt #: _____ Received Date: _____ Processor: _____

Credential Number: CAM. _____ .TEMP issuance date: _____ Processor: _____

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 was rendered as a result of the proceedings. On a separate sheet provide full details, including the administrative agency, court, 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 ever been convicted of a felony, gross misdemeanor, or misdemeanor?
- e. Have you ever 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.
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4. CHILD SUPPORT: CHECK ONE BOX ONLY.

- 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 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. DECLARATION: NRS 53.045

I hereby state under penalty of perjury that the answers contained in this application are true and correct; and I understand: 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 license, 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 Community Manager in the State of Nevada.

I, by signing this application, 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.

Applicant's signature: 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 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/>



Department of Public Safety
General Services Division
Attn: Fingerprint Support Unit
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

IDENTIFICATION FILE REQUEST FOR
STATE OF NEVADA RECORDS OF CRIMINAL HISTORY FORM

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:

Today's Date: _____

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).

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Contact Phone: _____ Contact Email: _____
(If available) *(If available)*

Signature of Subject of Record Search

Date of Birth

Please indicate the complete response mailing information below:

Nevada Real Estate Division (NRED)

Respond To: _____

Mailing Address: *3300 W. Sahara Ave., Suite 350*

Street Address

Las Vegas, NV 89102

City, State and Zip Code

Please indicate reason for request: _____
(Optional)

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.