

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 * (702) 486-4033
realest@red.nv.gov * <http://red.nv.gov/>

**ENERGY AUDITOR
CHECKLIST AND APPLICATION**

The filing of this application does not authorize the applicant to conduct any activity for which a license is required. Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed and notarized. Fees are non-refundable.

- APPLICATION:** Residents and non-residents 18 years or older, may apply with a complete application [Form 663](#). Attach the documents listed below and a fee of **\$350.00**.

- FINGERPRINT CARD:** Attach to your application:
 - ◆ **ONE** complete fingerprint card, along with a **\$36.25 cashier check or money order** made payable to the *Department of Public Safety*. Personal checks, company checks, or cash will not be accepted.

OR

 - ◆ A verification of fingerprints taken electronically issued by an approved vendor. See [Form 619](#) for a list of vendors, fees, and their addresses.

- RECORDS:** Complete and submit the Location of Records [Form 664](#).

- NON-US CITIZENS:** Provide proof of eligibility to work. Copies maybe enlarged.

- TRAINING AND EXPERIENCE:** Provide a copy of the certificate issued for certification or accreditation by an organization approved by the Administrator. Provide proof of not less than 40 hours of training.

- INSURANCE:** Proof of insurance: \$100,000 Errors and Omissions and \$100,000 General Liability in the name of the applicant, the applicant's business entity, or the applicant's employer. The insurance documents must include the name of the applicant as being covered under the policy.

- FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to this application.

- 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.

- FEE:** \$350.00. Payment is accepted by 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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**ENERGY AUDITOR
ORIGINAL LICENSING APPLICATION**

Type or print carefully. This application is to be completed personally by the candidate.

*Only information deemed by law to be confidential shall be confidential (SSN, 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. **Nevada Resident:** Yes No ("No", must provide Form 656)

2. **US Citizen:** Yes No ("No", must provide proof of eligibility to work.)

3. PERSONAL INFORMATION

Date: _____

Name _____

First Name

Middle Name or initial

Last Name

Home Address*: _____

Number and Street

City

State

Zip Code

Mailing Address: _____

Number and Street

City

State

Zip Code

Home Phone

*Date of Birth**

*Social Security Number**

*E-mail address**

4. BUSINESS INFORMATION: If a corporation or fictitious name is registered, please attach a copy of the registration or filing with the Secretary of State or County Clerk office. Please list the address of the principle office below if different from home address.

Name of Business (if applicable): _____

Location _____

Number and Street

City

State

Zip Code

Mailing Address _____

Number and Street

City

State

Zip Code

County: _____ **Business Telephone Number:** _____

DIVISION USE ONLY:

Credential number: #EA. _____ . _____ Issue date: _____ Processor Initials: _____

Receipt # _____ Date: _____ Processor initials: _____

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5. OCCUPATION: List employers, past and present, for five years preceding date of application. Attach additional list if necessary. If unemployed, please indicate as such and dates.

a. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

b. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

c. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

6. Child Support Declaration NRS 425.520

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

PLEASE CHECK ONE BOX:

- 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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7. PERSONAL BACKGROUND: If you answer "yes" to the questions below, give full details, including the administrative agency, court, title of proceeding, disposition, and any other pertinent information on an attached sheet. Attach order of the court or agency which was rendered as a result of the proceedings and a detailed written explanation. Both fingerprint cards are submitted for a State and Federal background investigation.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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_____. |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently on parole or probation or paying any restitution? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | 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? |

8. DECLARATION OF APPLICANT:

- I, here by certify under the 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 a certificate or renewal of a certificate will be denied.
 - ◆ That I will faithfully comply with all the statutes and regulations pertaining to the conduct of the Licensed Energy Auditor in the State of Nevada.
 - ◆ That by signing this application, I authorize any person or institution to which reference is made by me, in connection with the application, to release or divulge to the Nevada Real Estate Division any information in the possession of such person or institution regarding me.

X _____
Signature of Applicant

ss. State _____
County _____

This instrument was acknowledged before me on (date) _____ by _____
(Print applicant's name)

SEAL

X _____
Signature of Notary Public

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 645D**

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/>



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **the Nevada Real Estate Division** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize **the Nevada Real Estate Division** (*name of requesting agency*) (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

ADDRESS: _____
PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency: **Nevada Real Estate Division**

Address: **3300 West Sahara Avenue #350**

Las Vegas, NV 89102

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____