

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/>

REGISTRATION of an ASSET MANAGEMENT COMPANY PRINCIPAL

INSTRUCTIONS

If the Asset Management Company is:

- An individual person, the individual person must submit Form 665A;
- A partnership, each general partner must submit Form 665A;
- A corporation, each officer of the corporation must submit Form 665A; **or**
- An unincorporated association, each director or trustee must submit Form 665A.

The completed form(s) Form 665A must be submitted with the Asset Management Company Registration Form 665. Each applicant must submit with the completed Form 665A:

☐ **FINGERPRINT CARD**: The applicant is required to submit fingerprints for a background investigation. Applicants have two options by which to have their fingerprints taken:

- A. By a Division authorized digital (electronic) vendor. The list of authorized electronic vendors may be found on our web site on [Form 619](#). Fees for processing are paid to the authorized vendor. A Verification that fingerprints have been submitted will be provided by the vendor and must be submitted with the application.
- B. Attach one completed finger print card (form FD-258) printed by a Law Enforcement Agency and attach a cashier's check or money order (**personal and company checks are NOT accepted by DPS**) **separately for each applicant** in the amount of **\$36.75**, made payable to the Nevada Department of Public Safety (DPS).

☐ **PHOTOGRAPH**: Attach a 2" x 2" head shot picture taken within the past 12 months.

☐ **CONSENT TO SERVICE OF PROCESS**: If you are not a resident of the State of Nevada you must complete the Consent to Service of Process.

☐ **CIVIL APPLICANT WAIVER**: Complete the Nevada Department of Public Safety waiver form attached to this application.

IMPORTANT NOTES:

- All required fees must accompany application.
- Only original applications are accepted.
- The registration is valid when the Asset Management Company receives the registration issued by the Nevada Real Estate Division. The registration expires one year from the date of issuance.
- The application is a public record under Nevada Revised Statutes Chapter 239. Certain information is deemed by law to be confidential. However, most information provided by an applicant is public information and must be provided upon request to the Division.

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/>

REGISTRATION of an ASSET MANAGEMENT COMPANY PRINCIPAL

1. APPLICANT:

Applicant name: _____

Position in asset company: ☐ General Partner ☐ Principal ☐ Manager ☐ Director ☐ Trustee ☐ Officer (position or office held) _____

Residence address: _____

Mailing address (if applicable): _____

Email address: _____

Date of birth: _____ Social Security #: _____

Phone: _____ Cell: _____

2. COMPANY INFORMATION: Location in which you will be conducting asset management services as registered on Form 665-Main Office or Branch Office.

Company name: _____

Company address: _____

Phone: _____ Fax: _____

Email: _____

DIVISION USE ONLY: Date: _____ Receipt # _____ Processor initials: _____

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/>

3. Criminal/Background History: *If your answer is **YES** to any of the following questions, attach the order as a result of the proceedings. On an attached sheet give full details, including the administrative agency, court, and title of the proceeding, disposition and any other pertinent information.*

Yes No

- | | | | |
|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Have you had a professional or occupational license issued by any state, district or territory of the United States or any foreign country suspended, revoked or voluntarily surrendered in lieu of other discipline within the last ten (10) years? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Have you had a license, certificate or registration issued pursuant to the provisions of this chapter suspended, revoked, or voluntarily surrendered in lieu of other discipline within the last ten (10) years? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Have you <u>ever</u> been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any crime involving fraud, misrepresentation or moral turpitude? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Have you <u>ever</u> been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of real estate? |
-

4. Regulation/Services The applicant attests that he/she has read and understands the provisions of sections 29.5 to 33, inclusive, of Senate Bill No. 314 of the 2011 Legislative Session.

☐ **Yes**

5. 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

- ☐ 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.
-

6. Acknowledgement: I hereby certify under penalty of perjury that the answers contained in this Asset Management Company individual application Form 665A are true and correct. 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 a plan, my application for license, certification or renewal of a license or certification will be denied.

Print Name

Signature

Verification upon oath:

STATE OF _____ } ss.

COUNTY OF _____

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

Seal

X

Signature of Notary

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/>

6. Nevada Resident: ☐ Yes ☐ No (if No, complete the following form)

CONSENT TO SERVICE OF PROCESS

Full legal name: _____

Hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful agent within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapter 645, 645C, 645D, 119, 119A, 119B, 116, 116A and 116B of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation, appraisal or inspection of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Full legal address: _____

X

Signature of person presenting this document to the notary.

STATE OF: _____

COUNTY OF: _____

}ss

This instrument was acknowledged before me on _____ date, in the possession of applicant
(APPLICANT'S NAME) _____.

Print name of person signing this document

seal

X

Signature of Notary



Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize **Nevada Real Estate Division** (*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.
10. 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

Applicant's Signature: _____

Date: _____

Agency Account #:

880131

Agency Representative: _____

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____