

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Avenue, Suite 350
Las Vegas, Nevada 89102**

**REAL ESTATE ADVISORY REVIEW COMMITTEE
REVIEWER APPLICATION FORM
(Please Print or Type)**

*****If additional space is needed for any of the areas on this application, please attach a separate sheet for those items. ***
PLEASE COMPLETE THIS FORM, DO NOT ATTACH A RESUME AND REFER TO IT ON EACH QUESTION.**

Name: _____ License # _____ Phone Nos.: Business () _____
 Address: _____ Facsimile () _____
 E-mail address: _____ Other () _____
 Profession: _____ Years in profession: _____

 List Professional certifications, Licenses and Designations held and dates: (Please attach a copy of each)

Type of License/certification/designation:	Name under which it was held:	Dates held:
1.		
2.		
3.		
4.		

BUSINESS/BROKERAGE HISTORY:

Please list business/brokerage history for the past five (5) years; begin with current business/employer.

Name of Business/Brokerage:	Title:	Dates of Employment:	Major Activities:

EDUCATION/TRAINING BACKGROUND:

Institution attended:	Dates attended:	Type of degree/certification obtained:

AREAS OF EXPERTISE:

List major areas of specialization or subject expertise related to the real estate industry: (i.e. real estate brokerage residential/commercial, property management, new home sales, escrow/title, mortgage lending, subdivision development or tax free exchanges).

Please list any foreign languages or sign language, in which you have sufficient fluency:

COMMITTEES/BOARDS EXPERIENCE:

Please list any Grievance/Professional Standards boards or committees and/or any mediation experience you have:

Name of Board/Committee:	Your title on that Board/Committee:	Dates of Service on Board/Committee:
1.		
2.		
3.		
4.		

Please explain, in the space below, why you feel you would be a good candidate for membership on this committee:

DISCIPLINARY ACTION:

Have you ever had any prior disciplinary action through any regulatory agency with which you are or were licensed?

Yes _____ No _____ If yes, please complete the following: If more space is necessary, please attach on a separate sheet.

Name of Regulatory Agency:	Type of license held:	Date of Disciplinary action:	Type of Disciplinary action:
1.			
2.			
3.			

GEOGRAPHIC SERVICE AREA:

Please mark which geographical area of the state in which you will be able to participate on the committee:

- Carson/Douglas
- Central Nevada
- Fallon/Lyon
- Las Vegas Greater Area
- North Eastern Nevada
- Other:

REFERENCES:

Please list the name, address and telephone numbers of at least two (2) references who would know your capabilities and can attest to the information you have provided on this application: **(Please do not use any current Commissioners as references)**

Name:	Address:	Telephone:	Fax:	Yrs Acquainted:
1.		/		
2.		/		

This application shall be presented to the Nevada Real Estate Commission for review and approval, or disapproval, at the next regularly scheduled meeting. You will receive notification of the Commission’s decision from the Administration Section Manager by mail.

By submitting this application I understand that serving as a member of the Real Estate Advisory Review Committee as established by NAC 645.490, I agree to participate in an **audit review of real estate education courses.**

Further, I understand that I will serve without compensation, but as a member of the Real Estate Advisory Review Committee I am entitled to receive a per diem allowance and travel expenses (NAC 645.490(6)), as provided for state officers and employees generally for the period during which the member was engaged in the discharge of his/her official duties, at the rate established in the Nevada State Administrative Manual.

I certify that the information provided in this application and any other information I am submitting with this application is true and correct to the best of my knowledge and that I may be removed from the approved list of Real Estate Advisory Review Committee members for intentionally falsifying the information provided. I understand that all of the information provided is a public record. I agree to abide by the Policies and Procedures and the Rules of Conduct of this Committee.

If I am chosen to be a member of the Real Estate Advisory Review Committee, I agree to perform the duties to the best of my ability in an ethical and proper manner and in accordance with the policies and procedures and rules of conduct.

Signed on this the ____ day of _____, 20 __.

Signature of applicant

For Division Use Only:

Date application received: _____ Date scheduled for Commission review: _____

Decision of Commission: APPROVED _____ DISAPPROVED _____

If disapproved, state reason for this decision:

Date letter sent to applicant with Commission decision: _____