

B.0015137.00RP

STATE OF NEVADA
 DEPARTMENT OF BUSINESS AND INDUSTRY
 REAL ESTATE DIVISION
 2501 E. Sahara Avenue, Suite 102
 Las Vegas, Nevada 89104

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: Kathryn Bovard License # 15137 Phone Nos.: Business (702) 898-7575
 Address: [REDACTED] ^{LV NV} 891256 Facsimile () _____
 E-mail address: Kathrynbovcaltyanogroup.com Other () _____
 Profession: Real Estate Broker Years in profession: 30 year's

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. <u>Separate Broker R.E. License.</u>	<u>Kathryn Bovard</u>	<u>1984</u>
2. <u>Risk Reduction Grad</u>	<u>Kathryn Bovard</u>	<u>2005-</u>
3. <u>Certified Mediator</u>	<u>Kathryn Bovard</u>	<u>2004</u>
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:
Realty One Group.	Coparents Broker.	Present Oct 2011	Admin, Teaching, Training Responsible for over 400 agents.
R.O.G. Nevada	Risk Reduction Manager	Aug 2013	Oversee all legal issues and liason with legal
Greater Las Vegas Assoc. Realtors	Vice-President	Jan, 2015	To assist and help lead B.O.D. to provide for members

EDUCATION/TRAINING BACKGROUND:

Institution attended:	Dates attended:	Type of degree/certification obtained:
Washburn University	1974 - 1976	AA.
UNLV.	1980 - 1982	R.E.
Court Appointed Special Advocate	1995	CASA.
GLUAR	2004	Certified Mediator.
Key Realty.	2010	Property Mgmt. Permit.

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. GLVAR.	Vice President	Present
2. GLVAR.	Director.	2014.
3. GLVAR	Treasurer.	2011-2012.
4. GLVAR.	Mediator.	2004.
R.E.P. Education Review Committee.	Committee Member.	2005.

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

As a corporate Broker of over 400 agents and a Risk Reduction Manager of over 1,500 agents, I feel I have a great knowledge and experience in understanding complex issues that agents are involved with. As a Mediator, I am solution oriented and as part of my position on the GLVAR Exec. Committee, I hear professional standard cases on a regular basis and am familiar with the process.

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. R.E.D.	BROKER	2014	Was missing copy of C.E. for license renewal. Fined \$100
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:

+lthompson@red.state.nv.us

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. MATT EMERSON	[REDACTED]	[REDACTED]	[REDACTED]	4 yrs
2. JAN O'Brien	[REDACTED]	[REDACTED]	[REDACTED]	20+

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.

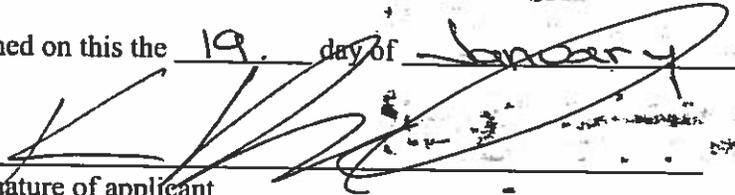
By submitting this application I understand that serving as a member of the Real Estate Advisory Review Committee as established by NAC 645.490, I agree to participate in an audit review of real estate education courses.

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 19 day of January, 2015



Signature of applicant

For Division Use Only:

Date application received: 1/22/15

Date scheduled for Commission review:
April 21-23, 2015

Decision of Commission: APPROVED _____

DISAPPROVED _____

If disapproved, state reason for this decision:

Date letter sent to applicant with Commission decision: _____

REAL ESTATE LICENSE

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

NOT TRANSFERABLE

REAL ESTATE DIVISION

NOT TRANSFERABLE

This is to Certify That: KATHRYN C BOVARD

Number: B.0015137.CORP

Is duly authorized to act as a real estate **BROKER**
from the issue date to the expiration date at the business address stated here in, unless license is sooner revoked,
cancelled, withdrawn, or invalidated.

Issue Date: May 03, 2012

Expire Date: March 31, 2016

In Witness Whereof, THE DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION, by virtue of the
authority vested in Chapter 645 of the Nevada Revised Statutes, has caused the license to be issued with its Seal printed thereon.
This license must be conspicuously displayed in place of business

FOR: REALTY ONE GROUP INC
2831 ST ROSE PKWY #100
HENDERSON, NV 89052

REAL ESTATE DIVISION

GAIL J ANDERSON
Administrator

