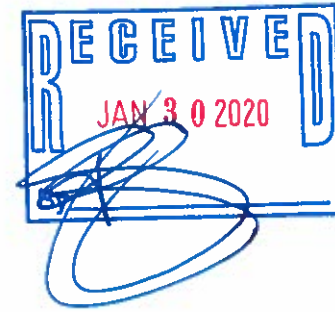


**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Avenue, Suite 350
Las Vegas, Nevada 89102**



**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: Robert A Miller License # BS.17369.LLC Phone Nos.: Business (702) 877-2500
 Address: 3509 Natural View, Las Vegas, NV 89129 Facsimile () _____
 E-mail address: bobmilleriasvegas@gmail.com Other (702) 604-8772 cell
 Profession: Commercial / Residential brokerage Years in profession: 33

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. Certified Commercial Investment Member | Bob Miller | 1999 to present |
| 2. Real Property Administrator | Bob Miller | 1999 to present |
| 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: |
|------------------------------------|-------------------------|-----------------------------|--|
| Keller Williams - The Market Place | Broker Salesman | January 2020 to present | Commercial and residential brokerage |
| Ensemble Real Estate Solutions | VP Healthcare brokerage | Sept 2018 to Nov 2019 | Leasing medical properties for Universal Health Trust (Valley Health Systems). |
| Kennedy Wilson | Managing Director | Oct 2017 to Sept 2018 | Leasing and managing commercial properties |
| Gatski Commercial Real Estate | Vice President | Feb 2015 to Oct 2017 | Sales and leasing of commercial real estate |
| Nevada Advisors | Broker | Sept 2013 to Feb 2015 | Sales and leasing of commercial real estate |

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).

commercial real estate brokerage, commercial development

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

None

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:

In my many years in the business I have seen quite a bit. My experience ranges from being a sole practioner to an employee within an organization.

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. Bernie Chippoletti | 9420 W Sahara #100, Las Vegas, NV 89117 | 702-212-2222 | / | 25 |
| 2. Rick Brenkus | 10000 W Charleston #130, Las Vegas, NV 89135 | 702-777-0002 | / | 30 |

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 30th day of JANUARY, 2020



Signature of applicant

For Division Use Only:

Date application received: 1/29/2020 Date scheduled for Commission review: March 10-12, 2020

Decision of Commission: APPROVED _____ DISAPPROVED _____

If disapproved, state reason for this decision:

Date letter sent to applicant with Commission decision: _____

**Building Owners and Managers Institute
International**

*the Board of Trustees of
Building Owners and Managers Institute
has conferred upon*

Bob Miller

the designation

Real Property Administrator

*and has granted this Diploma with all the honors
rights and privileges appertaining thereto*

October, 1999



*James C. Williams
Chairman of the Board of Trustees*
*Walter A. Aldridge
Executive Vice President*

Commercial Investment Real Estate Institute

An Affiliate of the NATIONAL ASSOCIATION OF REALTORS®

By election of the Governing Council has designated

Bob Miller

as a

CERTIFIED COMMERCIAL INVESTMENT MEMBER



A handwritten signature in black ink, appearing to read "Daniel J. Page", is written over a faint, larger version of the CCIM logo.

Daniel J. Page, CCIM
1997 President

CERTIFICATE NO. _____

March 11, 1997



Nevada Real Estate Division
 3300 W. Sahara Avenue, Suite 350
 Las Vegas, Nevada 89102
 Phone: (702) 486-4033
 Email: realest@red.nv.gov
 Website: red.nv.gov

Lookup Detail View

Name

| Name |
|-----------------|
| ROBERT A MILLER |

Registration Information

| Credential | License Type | Issue Date | Expiration Date | Status | Reason |
|----------------|--------------------|------------|-----------------|---------|-----------------------|
| B.0017369.LLC | BROKER | 05/11/2001 | 05/31/2017 | DORMANT | NEW CREDENTIAL ISSUED |
| BS.0017369.LLC | BROKER SALESPERSON | 10/29/2001 | 05/31/2021 | ACTIVE | NORMAL |
| PM.0117369 | PROPERTY MANAGER | 05/29/2001 | 05/31/2021 | ACTIVE | NORMAL |

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