STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

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EXPERIENCE VERIFICATION FOR A NEVADA REAL ESTATE LICENSE

FORM MUST BE COMPLETED BY VERIFYING BROKER, DEVELOPER OR BROKER-SALESPERSON MANAGER

1.	Name:		License Number:		
				State of issuance:	
2.	Employment History:	Full-time	Part-time		
3.	Employment Dates:	From		to	
		From		to	
		From		to	
			Month / Day / Year		Month / Day / Year
4.	ultiple lines may be used fo Declaration: I,	r breaks in em	ployment with same		say that in relation to the period of time listed
	above, that the applicant named above held an active real estate license and was/is associated with the company named				
	11				and that I am/was the duly licensed real estate
	broker, registered developer or broker-salesperson manager for said company. Under penalty of perjury, I declare that				
	the foregoing is true and co	orrect.			
	Name:				License Number:
	Signature:				