## STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

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## **EXPERIENCE VERIFICATION FOR A NEVADA BUSINESS BROKER**

FC	DRM MUST BE COMP	LETED BY VER	IFYING BROKER.			
1.	Name of Permit holde		Permit Number:			
2.	<b>Employment History:</b>	☐ Full-time	Part-time		State of issuance	e:
3.	<b>Employment Dates:</b>	From		to		
		From		to		
		From		to		
			Month / Day / Year	Mo	onth / Day / Year	
Multiple lines may be used for breaks in employment with same broker and company only.						
4.	Broker Declaration:					
	This is to verify that I,			, am/v	was the real estate b	roker for the company
	named:					
	(check the boxes that a	apply)				
	☐ I am/was the real estate business broker Permit Number: BUSB.					
	☐ I authorized	I authorized		ermit number BUSB.		, as the designated
	business broker loca	ated at:				
	Under penalty of perjury, I declare that the foregoing is true and correct.					
	Print Name:			nature of I	Broker:	