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 holder:			Permit Number:			
2.	Employment History:	☐ Full-time	Part-time		State of issuance	e:	
3.	Employment Dates:	From		to			
		From		to			
		From		to			
			Month / Day / Year	M	Ionth / Day / Year		
Mı	ultiple lines may be used	l for breaks in em	ployment with same	broker a	nd company only.		
4.	Broker Declaration:						
	This is to verify that I,	s is to verify that I,			was the real estate b	oroker 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		, permit 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:			Signature of Broker:			