

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 / (702) 486-4033
realest@red.nv.gov / <http://red.nv.gov/>

ORIGINAL ENDORSEMENT APPLICATION
RESIDENTIAL APPRAISER / GENERAL APPRAISER

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE EXECUTING THIS APPLICATION.

NEVADA APPRAISER APPLICANTS

- ☐ **CRIMINAL HISTORY:** Attach one fingerprint card and cashier check or money order in the amount of \$40.25 and made payable to the Department of Public Safety or submit an approved vendor verification form. The verification form must be dated within a ninety (90) day period immediately preceding application for licensure or certification. Obtain a list of vendors from the division website listed above, [Form 619](#).
- ☐ **RECORDS:** Complete and submit the Location of Records [Form 555](#).
- ☐ **BUSINESS NAME:** Copy of fictitious name (if one is used) that is filed with the county clerk's office <http://www.clarkcountynv.gov/> or copy of corporate or LLC filing with the Secretary of State <http://nvsos.gov/> if business location is in the State of Nevada.
- ☐ **EDUCATION:** Proof of completion of a three (3) hours Nevada appraisal Law for endorsement applicants. Copies of original certificates are accepted.
- ☐ **CURRENT CERTIFICATION or LICENSE:** Attach a copy of Appraisal License/Certification issued by Resident State.
- ☐ **PHOTOGRAPH:** Attach a photograph (headshot of yourself) taken within the past year.
- ☐ **NON-NEVADA RESIDENTS:** Complete and attach the Consent to Service of Process Form 656.
- ☐ **FEES:** Fees are accepted in the form of check, money order, or a cashier's check made payable to the Nevada Real Estate Division (NRED). Cash accepted for hand deliveries in the exact amount only.

Certified General Appraiser	\$535.00
Licensed and Certified Residential Appraiser	\$435.00
- ☐ **FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to the application.

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**ORIGINAL RECIPROCAL / ENDORSEMENT APPLICATION FOR A
RESIDENTIAL, CERTIFIED RESIDENTIAL OR CERTIFIED GENERAL APPRAISER**

Section A: Please Print

1. APPRAISAL LICENSE or CERTIFICATE TYPE: Please check one box

☐ Licensed Residential **\$435.00** ☐ Certified Residential **\$435.00** ☐ Certified General **\$535.00**

Make checks or cashier's checks payable to the NRED or Nevada Real Estate Division. Cash is accepted in exact amount only.

2. PERSONAL INFORMATION:

Full Name:

Home Address:

City: State: Zip Code:

Mailing Address (if different from physical address):

City: State: Zip Code:

Home Phone: Cell Phone: Email Address:

Last 4 of Social Security Number or Individual Taxpayer ID: Date of Birth:

3. BUSINESS:

Company Name (*write full names of Partnership, Corporation, or LLC and DBA [if applicable]; DBA or your name for sole proprietorship*):

Business Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone: Fax: Email:

Section B. 1-7: Please Print

1. ADDITIONAL NAMES: List names used other than the one given above:

Division Use Only:

Credential Number: A.

Issue Date:

Processor Initials:

Receipt Number:

Date:

FP forwarded:

Processor Initials:

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- 2. OCCUPATION:** List employers, past and present, for two consecutive years preceding date of application. Attach a separate sheet if additional space is needed:

a. Occupation: _____ Employer: _____

Address: _____

Employed from _____ to _____

b. Occupation: _____ Employer: _____

Address: _____

Employed from _____ to _____

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- 3. RESIDENCES:** Past 3 consecutive years are required. Attach a separate sheet if additional space is needed.

a. Address:

From _____ **to** _____

b. Address:

From _____ **to** _____

c. Address:

From _____ **to** _____

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- 4. PERSONAL HISTORY:**

If your answer is **YES** to any of the following questions, attach the order as a result of the proceedings. On an attached sheet give full details, including the administrative agency, court, and title of the proceeding, disposition and any other pertinent information.

a. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ☐ No ☐

b. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been suspended or revoked? Yes ☐ No ☐

c. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of the application? Yes ☐ No ☐

d. Have you ever filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from the date of this application, please provide a copy of the discharge. Yes ☐ No ☐

Date of discharge: _____

e. Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes ☐ No ☐

f. Are you presently on parole or probation or paying any restitution? Yes ☐ No ☐

g. Have you ever been convicted of, or are you under indictment for or have you entered a plea of guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude? Yes ☐ No ☐

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5. CHILD SUPPORT DECLARATION FOR NRS 425.520

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this license will be denied if you do not complete this section.

CHECK ONE BOX:

- ☐ I am NOT subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and AM IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- ☐ I am subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.

6. AFFIDAVIT:

- I, by signing and filing this application, authorize any person or institute, to whom reference is made by me in connection with the application, to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me.
- I hereby certify that I have read and understand the provisions of Chapter 645C of NRS and the corresponding regulations pertaining to the licensing and regulation of real estate appraisers in the State of Nevada.
- I certify under penalty of perjury that the information provided above and additional information submitted, as part of this application, is true and accurate to the best of my knowledge and further acknowledge that falsification of any of the information submitted as part of this application is grounds of denial of issuance or subsequent revocation and may impact future applications to NRED.

Name:

Signature:

7. Place a 2x2 photograph in the space provided below.

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 645C**

All applicants MUST complete this section. Please select ONE option.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.
- My Nevada business license number is:
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- ☐ I do NOT have a Nevada business license number.

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>.

ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **the Nevada Real Estate Division** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize **the Nevada Real Estate Division** *(name of requesting agency)* *(name of requesting agency)*, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency:

Nevada Real Estate Division

Address:

3300 West Sahara Avenue #350

Las Vegas, NV 89102

Agency Representative:

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____