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

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 (702) 486-4033 / <a href="mailto:real.nv.gov">realest@red.nv.gov</a> / <a href="http://red.nv.gov/">http://red.nv.gov/</a>

## APPRAISER CONTINUING EDUCATION COURSE RENEWAL APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED THE COURSE APPLICATION FEE IS NON-REFUNDABLE

School Name:			Date:			
School Mailing Add	lress:					
City:	State:		Zip Code:			
School's Main Phon	ne: School's Fax:	School's Web Address:				
Owner Name:						
<b>Education Contact:</b>	:					
Contact's Phone: Contact's Email:						
Title of Course:						
Delivery Method: Classroom/Synchronous Internet Webinar						
Hours of Instruction: NV Approval Number:						
Has the curriculum	for the course changed?					
Yes No	(If yes, please attach a detailed description	n of the changes.)				
Is the course approved through the Appraisal Qualifications Board (AQB) Course Approval Program?						
Yes No	(If yes, please attach a copy of the approv	ral certificate.)				
Has the approval for state jurisdiction?	or course been withdrawn/rescinded by	the AQB Course Approval Progr	cam or any other			
Yes No	(If yes, please attach supporting documentation.)					

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Required Materials to be submitted with Application:

Material			<b>Enclosed?</b>	Comments		
List of Currently Approved Instructors and New Instructor Applications (who intend to teach course)						
Proposed Advertising						
List of Scheduled Course Dates and Locations						
Application Fee: \$50.00 (made payable to NRED)						
Note: Applications WILL NOT be processed until ALL required materials are submitted.						
	I consent to auditing and/or evaluating by authorized representatives of NRED.					
I agree to report any material changes of the information contained in this application to NRED prior to presenting the amended course.						
	I agree to retain attendance records for at least five years from the date of the offering for each participant.					
I agree to provide certificates of attendance completed in compliance with NAC 645C.315(4) with original authorized signatures only for students who have completed this course.						
	I agree to comply with the provisions of NAC 645C.					
Print Name:		Signature:		Date:		
		Applications and checks sho	ould be sent	to:		

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