

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

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**PROVISIONAL COMMUNITY MANAGER CERTIFICATE
DISASSOCIATION FORM**

FORM TO BE DATED AND SIGNED BY SUPERVISING COMMUNITY MANAGER AS REGISTERED WITH THE STATE OF NEVADA. ACKNOWLEDGEMENT OF THE PROVISIONAL COMMUNITY MANAGER IS REQUIRED. ORIGINAL SIGNATURES ARE REQUIRED. THE DIVISION MUST RECEIVE THIS FORM WITHIN 10 BUSINESS DAYS AFTER THE DISSOCIATION OCCURS. *NAC 116A.340.*

Disassociation Date: _____ Provisional certificate number: _____

Name of Provisional Community Manager _____

Provisional Community Manager: Update your address, contact phone number, and email information below

Residence Address: _____
Street City State Zip

Mailing address: _____
P.O. Box Number City State Zip

Phone: _____ Email: _____

Employment was considered: Full-Time Part-Time

*Company name on Supervising Community Manager's
Certificate*

Supervising Community Manager certificate number

I hereby acknowledge that I have notified the Provisional Community Manager of this action pursuant to the provisions of NAC 116A.

Signature of Supervising Community Manager

Signature of Provisional Community Manager

ATTACH THE ORIGINAL PROVISIONAL CERTIFICATE AND POCKET CARD.