

**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/>

**INSPECTOR OF STRUCTURES / ENERGY
AUDITOR CHECKLIST AND APPLICATION FOR
REINSTATEMENT**

Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed. Fees are non-refundable. NRS/NAC 645D

- ☐ **APPLICATION:** Complete the reinstatement form. Attach the documents listed below and the fee as follows:
- ☐ **REINSTATEMENT FEE:** A fee of \$20.00 is required in the form of a check, cashier check, money order made payable to the Nevada Real Estate Division (NRED) or cash in exact change.
- ☐ **RENEWAL FEE:** (These fees are additional to the reinstatement fees, if applicable.)
- Inspector of Structures: Renewal fee \$265.00
Late Penalty \$125.00 (if after midnight of the renewal date)
- ☐ **FINGERPRINT CARD:** If your certificate has been inactive for over 12 months or longer you must submit with the application:
1. **ONE** complete fingerprint card, along with a \$40.25 cashier check or money order made payable to the Department of Public Safety. Personal checks, company checks, or cash will not be accepted.
 2. Verification of fingerprints taken electronically by an approved vendor. See [Form 619](#) for list of vendors and their addresses.
- ☐ **NON-US CITIZENS:** Please provide proof of eligibility to work. Copies may be enlarged.
- ☐ **NON-RESIDENTS:** Residents of any state other than Nevada must complete the Consent to Service of Process ([Form 656](#)).
- ☐ **EDUCATION:** (Inspector of Structures Only) Provide certificates of completed continuing education (CE) courses approved by the Real Estate Division.
1. If renewing on time, 20 hours of CE courses including a minimum of 3 hours of safety and 2 hours of law as designated by Nevada law is required.
 2. If renewing more than 60 days following certificate expiration date, 30 hours of CE are required.
- ☐ **INSURANCE:** Provide proof of current insurance coverage as required by Nevada law. The inspector's name must appear on the proof of insurance, even if the insurance policy is issued in the name of a business.
1. Errors and omissions, minimum coverage \$100,000.
 2. General liability, minimum coverage \$100,000.
- ☐ **FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to this reinstatement form.

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**Inspector of Structures / Energy Auditor
APPLICATION FOR REINSTATEMENT**

Only information deemed by law to be confidential shall be confidential (SSN, exam, results, background investigation results). Most information provided by an applicant for certification is public information and must be provided upon request. By policy, the Nevada Real Estate Division shall post (via the web site) and sell certificate holder lists which include the inspector's name, business address (even if same as home address), and business telephone number. (NRS 645D.135)

SECTION 1:

Certificate/License Number:

Date:

Name of Certificate/License Holder:

Home Address:

City:

State:

Zip Code:

Mailing Address (if applicable):

City:

State:

Zip Code:

Phone Number:

Cell Number:

Email Address:

SECTION 2:

If a corporation or fictitious name is registered, please attach a copy of the registration and list of officers filed with the Nevada Secretary of State or Clark County Clerks office. Please list the business name and address of the principal office below: (Not required if working from home)

Business Name:

Business Address:

City:

State:

Zip Code:

Business Phone Number:

Fax Number:

Email Address:

OFFICE USE ONLY

Receipt Number:

Processor:

Date:

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SECTION 3:

If your answer to any of the below is YES attach the order of the court or agency which was rendered as a result of the proceedings. Give full details, including the administrative agency, court, title of the proceeding, disposition, and any other pertinent information on an attached sheet. If less than 7 years, the discharge of debtor is required for bankruptcy.

- a. Have you ever been a defendant in any litigation or administrative proceeding, other than as a witness? ☐ 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 denied, 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 this application date? ☐ 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. If over 7 years ago, please provide a signed written statement. Please include bankruptcy type, state filed, and date of discharge on an attached sheet. ☐ Yes ☐ No
- 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

SECTION 4:

PURSUANT TO NRS 645D.195, THE FOLLOWING STATEMENT MUST BE ANSWERED AND SIGNED. YOUR APPLICATION FOR THE ISSUANCE OF THIS CERTIFICATE WILL BE DENIED IF YOU DO NOT INDICATE ON THE STATEMENT WHICH OF THE PROVISIONS THAT APPLIES TO YOU.

- ☐ 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.

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SECTION 5:

I hereby certify under penalty of perjury that the answers contained in this application are true and correct.

I understand that if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan, my application for certification or renewal of a certification will be denied.

I further certify that I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of real estate licensees in the State of Nevada.

I, by signing this application, authorize any person or institution to which 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.

Applicant Name (Print):

Signature:

SECTION 6:

NEVADA RESIDENT? ☐ Yes ☐ No

If NO, complete the Consent to Service of Process, Form 656.

**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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada Real Estate Division (*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.
10. 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

Applicant's Signature: _____

Date: _____

Agency Account #:

880131

Agency Representative: _____

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____