

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

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 \* (702) 486-4033  
e-mail: [realest@red.nv.gov](mailto:realest@red.nv.gov) \* <http://red.nv.gov>

## **RESERVE STUDY SPECIALIST APPLICATION**

**This application must be signed and notarized. Fees are nonrefundable. Please provide all information requested by the State of Nevada along with this application.**

- APPLICATION:** Residents and nonresidents 18 years or older may apply with a completed application [Form 644](#). Attach the documents listed below plus \$250.
- FINGERPRINTS:** Submit the original fingerprint verification form issued by an approved fingerprint vendor. (Obtain [Form 619](#) for Nevada approved vendors).
- IDENTIFICATION:** Please provide a photo of yourself approximately 2" x 2". You may choose to submit a clear copy of a driver's license photo, passport photo, Immigration card photo, etc.
- FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to the application.
- FEES:** \$250.00. Payments are accepted by check, money order, or cashier's check payable to Nevada Real Estate Division or NRED. Cash in exact change and credit cards are accepted for in person transactions.

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- 1. GENERAL INFORMATION** *Only information deemed by law to be confidential shall be confidential (e.g., SSN). Most information provided by an applicant for a registration is public and must be provided upon request. By policy, the Real Estate Division shall post (via its Web site) and provide registration lists, which include the registrant's name, business address (even if same as home address), and business phone number.*

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

First Name: Middle Name: Last Name:

Residential Address:

City: State: Zip Code:

*Complete mailing address only if different from physical home location. Business mailing addresses are listed in Section 2.*

Mailing Address:

City: State: Zip Code:

Home Telephone: Cell Phone: Email Address:

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- 2. BUSINESS INFORMATION** – Please complete this area even if business is conducted from your home.

Business Name:

Business Address:

City: State: Zip Code:

Mailing Address (if applicable):

City: State: Zip Code:

Business Telephone: Country:

**DIVISION USE ONLY:**

Receipt Number:

Date:

Initials:

Registration Number:

Issue Date:

Initials:

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**3. MORAL CHARACTER**

*Check the appropriate box. Errors must be initialed.*

- 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, officer or director by any public authority been suspended or revoked, or the application for a license been denied?  Yes  No
- c. Has a surety company declined to be surety on any bond written on you in the two years preceding 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.  
Date of Discharge: \_\_\_\_\_  Yes  No
- e. Are you presently on parole or probation or paying any restitution?  Yes  No
- f. Have you ever been convicted of, or are you under indictment for or have you entered 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

**NOTE: If you answer is YES to any of the following questions, attach the order of the court or agency that was rendered as a result of the proceedings. Give full details, including the administration agency, court, and title of the proceeding, disposition and any other pertinent information on an attached sheet.**

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**4. CHILD SUPPORT: (CHOOSE ONLY ONE STATEMENT)**

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

- 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 **AM 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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**5. APPLICANT ATTESTATION**

I affirm that I am qualified by training and experience to conduct a Reserve Study and meet the following in accordance with chapter 116.420 of the Nevada Administrative Code:

- (a) A good reputation for honesty, trustworthiness and integrity
- (b) The ability to evaluate the items on the component inventory with regard to normal and accelerated deterioration, deferred maintenance, remaining years of useful life and current cost to repair or replace;
- (c) The ability to perform financial analysis, cost estimates and 30-year projections, as applicable;
- (d) The background and knowledge pertinent to all areas to be addressed by the reserve study.

Signature: \_\_\_\_\_

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**6. APPLICANT DECLARATION**

- I hereby state, under penalty of perjury, that the answers contained in this application are true and correct.
- That I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of Reserve Study Specialists under chapter 116, 116A, and 116B regulated by the Nevada Real Estate Division.
- 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 an initial or renewal of a registration will be denied or invalidated;
- And, that I 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.

Signature of Applicant:

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**Verification upon oath or affirmation.**

**State of:**

**County of:**

**Signed and sworn to (or affirmed) before me on**

**By**

*Print name of Person making statement above*

*Seal*

*Signature of Notarial Officer*

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE  
Pursuant to NRS 116A.435**

**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/>.



## 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: \_\_\_\_\_