

**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](mailto:realest@red.nv.gov) / <http://red.nv.gov/>

**APPLICATION INSTRUCTIONS for ASSET MANAGEMENT PERMIT**

**INSTRUCTIONS**

- FEE:** Attach a check or certified funds made payable to the Nevada Real Estate Division or cash in the exact amount for in person delivery, of \$90.00 per applicant. Individual applications must be completed for each applicant, but application fees can be combined on one check if applications are submitted in one filing. (See instruction #2 B regarding fingerprint fees.) **In compliance with Senate Bill 276, effective August 1, 2021, the Division will be instituting a \$15 technology fee on all original applications.**
- FINGERPRINTS:** Attach verification of prints taken electronically by an approved vendor. The approved vendor list is located on the NRED website, see [Form 619](#).
- PHOTOGRAPH:** Attach a 2" x 2" head shot picture taken within the past 12 months.
- CONSENT TO SERVICE OF PROCESS:** If you are not a resident of the State of Nevada you must complete the Consent to Service of Process.
- FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to this application.

**IMPORTANT NOTES:**

- All required fees must accompany application.
- Only original applications are accepted.
- The registration is valid when the applicant receives the permit issued by the Nevada Real Estate Division. The permit expires one year from the date of issuance.
- The application is a public record under Nevada Revised Statutes Chapter 239. Certain information is deemed by law to be confidential. However, most information provided by an applicant is public information and must be provided upon request to the Division.

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**APPLICATION for ASSET MANAGEMENT PERMIT**

**FEE: \$90.00**

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**1. APPLICANT:**

**Applicant Name:**

**Residence Address:**

**City:**

**State:**

**Zip Code:**

**Mailing Address (if applicable):**

**City:**

**State:**

**Zip Code:**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Date of Birth:**

**Last 4 of Social Security Number or Individual Taxpayer ID:**

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**2. COMPANY INFORMATION:** Location in which you will be conducting asset management services.

**Company Name:**

**Company Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**

**Fax Number:**

**Email Address:**

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**3. CRIMINAL/BACKGROUND 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 had a professional or occupational license issued by any state, district or territory of the United States or any foreign country suspended, revoked or voluntarily surrendered in lieu of other discipline within the last ten (10) years? Yes  No
- b.** Have you had a license, certificate or registration issued pursuant to the provisions of this chapter suspended, revoked, or voluntarily surrendered in lieu of other discipline within the last ten (10) years? Yes  No
- c.** Have you ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any crime involving fraud, misrepresentation or moral turpitude? Yes  No
- d.** Have you ***ever*** been convicted of, or entered a plea of guilty or nolo contendere to, a felony relating to the practice of real estate? Yes  No

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**4. REGULATION/SERVICES:**

- Yes This applicant attests that he/she has read and understands the provisions of section 29.5 to 33, inclusive, of Senate Bill Number 314 of the 2011 Legislative Session.

**DIVISION USE ONLY:**

Date:

Receipt Number:

Processor Initials:

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**5. CHILD SUPPORT DECLARATION (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.
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- 6. ACKNOWLEDGEMENT:** I hereby certify under penalty of perjury that the answers contained in this Asset Management Permit Application Form 666 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 a plan, my application for license, certification or renewal of a license or certification will be denied.

Print Name:

Signature:

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

**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: \_\_\_\_\_