



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

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e-mail: realest@govmail.state.nv.us http://www.state.nv.us/b&i/red/

TERMINATION NOTICE

TO BE COMPLETED BY EMPLOYER OF SALESMAN OR BROKER SALESMAN AND ACKNOWLEDGED BY SUBJECT LICENSEE.

☆☆ NOTE ☆☆ SALESMEN AND BROKER/SALESMEN REQUIRE PERMISSION FROM THE BROKER TO HAND CARRY THEIR REAL ESTATE LICENSE.

Termination Date: _____ Licensee's Real Estate Number: _____

Name of Licensee _____

Residence Address: _____
Street City State Zip

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

Employment was considered: [] Full-Time [] Part-Time

Impression of his / her character: _____

Circumstances surrounding discharge or termination of employment

[Empty rectangular box for circumstances surrounding discharge or termination of employment]

Print Name Title License Number

I hereby acknowledge that I have notified the terminated licensee of this action pursuant to the provisions of NRS 645.

FIRM NAME

Signature Of Employer

Signature of Terminated Licensee

ATTACH LICENSE OF EMPLOYEE

EMPLOYER SHALL NOTIFY SALESMEN OR BROKER-SALESMEN OF RELEASE NRS 645.580

_____ has my permission to hand carry his/her
Name of Licensee

license to the Real Estate Division

Date

Broker Signature

SAMPLE

Date _____

To: _____

This is to notify you that I have turned your real estate license in to the Real Estate Division with a termination form.

You have 30 days from the date on the termination to change to another broker or change your license status to voluntary inactive.

Please note: Should your license go past the thirty (30) day time period, the Division will inactivate your license.

Please contact the Real Estate Division for further information regarding the termination of your license and reactivation requirements should you pass the thirty day time period.

Date on termination form _____

Sincerely,

Broker Name

License Number _____