



**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/>

APPLICATION FOR BRANCH OFFICE

Please Print or Type

License Number: _____ Date: _____

Broker Name: _____

Firm Name: _____

Branch Office Location:

Street City State Zip Code

Mailing Address: P.O. Box City State Zip Code

LOCATION OF RECORDS PERTAINING TO BRANCH OFFICE (shall be open to audit and inspection by the Division and shall not be removed from this location without written notification to the Division):

Street City State Zip Code

BRANCH OFFICE MANAGER (Every branch office must be under the supervision of a broker or broker-salesman who, within the preceding 4 years, has had 2 years of active experience as a broker, broker-salesman or salesman as per NAC 645.177)

Name: _____ License Number: _____

Status: Broker-Salesman Broker Corporate Officer Copartner

AUTHORIZATION FOR OFFICE MANAGER TO SIGN TERMINATION NOTICE AND LICENSE OR REGISTRATION CHANGE FORM (relative to branch office): Yes No

Fee: \$100.00

Broker's Signature

***** ALL TRANSACTIONS MUST BE PAID BY MONEY ORDER, CHECK OR EXACT CHANGE *****