



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

788 Fairview Drive, Suite 200 * Carson City, NV 89701-5453 * (775) 687-4280
2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033
e-mail: realest@govmail.state.nv.us http://www.state.nv.us/b&i/red/

TIME SHARE SALES AGENT LICENSE CHANGE
(NRS 119A.220)

Name of Sales Agent Requesting Change
License No: Home Phone: Business Phone:

PERSONAL NAME CHANGE: \$10.00

From: Last First Middle
To: Last First Middle

EMPLOYER CHANGE: \$10.00

Name of Project Broker's Firm Project Name
Name of Developer

Address Where License Will Hang:

No & Street City State Zip

Mailing Address:

No & Street / P.O. Box City State Zip

SALES LOCATION:

Name of Project Broker (Please Print)
Signature of Project Broker (Office Mgr or Broker/Salesman)
Firm Name of Project Broker
Address
Project Name
Name of Developer (Please Print)
Signature of Applicant
Name of Applicant (Please Print)
Day Month Year Day Month Year

Employer's SIIS policy # [If Time Share Sales Agent is to be covered under Project Broker's industrial insurance policy.]

Personal SIIS policy # [If applicant will be covered by a personal industrial insurance policy, attach proof of coverage.]

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