



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/

APPRAISER / INTERN
LICENSE OR REGISTRATION CHANGE

Date: _____

Name of Licensee requesting change: _____

Last

First

M.I.

License No. _____ Home Phone _____ Business Phone _____

1. PERSONAL NAME CHANGE (Any Licensee / Registrant) \$10

FROM: _____ TO: _____
Last First MI Last First MI

2. ADDRESS CHANGE (General / Residential Appraiser) ☆ ☆ \$10

FROM: _____ No. & Street City State Zip Code
TO: _____ No. & Street City State Zip Code
MAILING ADDRESS: _____ No. & Street or P.O. Box City State Zip Code

3. FIRM NAME CHANGE (General / Residential Appraiser) ☆ ☆ \$10

FROM: _____ TO: _____

4. EMPLOYER CHANGE (To be completed by new employer for intern) \$10

FIRM NAME: _____ Main Branch
ADDRESS (Where registration card will hang)
No. & Street City State Zip Code
MAILING ADDRESS: _____ No. & Street or P.O. Box City State Zip Code

Indicate the Policy Number below that you will be covered under in connection with this change (Attach proof of coverage):

Employer Number: _____ Personal SIIS Number: _____

☆☆ List all intern registrants affected by change - fee to be assessed for each registrant. Use reverse side for additional names.

Table with 4 columns: NAME, REGISTRATION #, NAME, REGISTRATION #

Attach all licenses / registration cards, and total fee. Total fee \$ _____

Signature of Intern for ANY Change

Signature of Licensed Appraiser for ANY Change

Registration No. _____

License No. _____

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