



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

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APPRAISER INTERN TERMINATION NOTICE

To be completed by licensed Appraiser and acknowledged by subject Intern.

*** NOTE: INTERN IS NOT ALLOWED TO HAND CARRY HIS/HER REGISTRATION CARD ***

This is to notify you that the below named Intern(s) has been terminated from my association.

Termination Date: _____ Registration Card Number: _____

Name of Intern: _____

Residence: _____
No. & Street City State Zip

Mailing Address: _____
No. & Street / P.O. Box City State Zip

Employment was considered: Full-Time Part-Time

Impression of his / her character: _____

Circumstances surrounding termination of employment: _____

Print Name of Licensed Appraiser

License Number

Firm Name

I hereby acknowledge that I have notified the terminated Intern of this action pursuant to the provisions of NRS 645C.410.

Signature of Licensed Appraiser

Signature of Terminated Intern

[ATTACH INTERN REGISTRATION]