



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

788 Fairview Drive, Suite 200 * **Carson City**, NV 89701-5453 * (775) 687-4280
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**APPLICATION FOR REINSTATEMENT
(Real Estate)**

- \$10 - Reinstatement fee for license that was voluntarily inactivated.
- \$20 - Reinstatement fee for license which was involuntarily inactivated for failure to give written notice to the Division within 30 days of change of name, address, broker with whom associated or owner-developer by whom employed (NRS 645.580, subsection 2), or failure to renew a license in a timely manner.
- \$10 - Change of employer.

***ALL LICENSEES** - Attach proof of continuing education*

***BROKERS** - Attach copy of business license*

***NON-RESIDENT** - Complete back page*

IT IS STRONGLY RECOMMENDED THAT APPLICANT FOR REINSTATEMENT CONTACT THE REAL ESTATE DIVISION LICENSING BEFORE COMPLETING THIS FORM. REINSTATEMENT REQUIREMENTS VARY DUE TO LENGTH OF TIME INACTIVE.

License Number: _____

Name of Licensee: _____
Last *First* *Middle*

Home Address: _____
No. & Street *City* *State* *Zip Code*

Corporation and/or Business Name: _____

Franchise Name (if applicable): _____

Business Address: _____
No. & Street *City* *State* *Zip Code*

Mailing Address: _____
No. & Street *City* *State* *Zip Code*

Business Phone: _____ Personal SIIS No. _____ OR Employee SIIS No. _____

BROKERS ONLY

INDICATE BELOW WHETHER YOU ARE:

- 1. Engaged in the real estate business as an independent principle conducting your own business.
- 2. An officer acting for a corporation. (Corp. Title) _____
- 3. Forming a co-partnership with another broker.
- 4. Forming an association with another broker.
- 5. Sharing office space with another broker.

If you have checked either (3), (4) or (5), fill in license number, name and address of other broker(s) as indicated:

Name	Address	License No.
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IMPORTANT

1. Have you ever been a defendant in any litigation or administrative proceeding, other than as a witness or plaintiff? Yes No
2. Has any license issued to you by any public authority been denied, suspended or revoked? Yes No
3. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of this application? Yes No
4. Has any proceeding ever been instituted by or against you under the Bankruptcy Act, or have you ever made an assignment for the benefit of creditors? Yes No
5. a. Have you ever been charged with or arrested for a gross misdemeanor? Yes No
b. Have you ever been convicted of a felony or misdemeanor? Yes No
c. Have you ever received an executive pardon? Yes No
d. Are you presently on parole or probation or paying any restitution? Yes No
e. Have you ever been permitted to change your plea of guilty or had a criminal conviction reversed or had a judgement or verdict vacated? Yes No
f. Have you ever entered a plea of nolo contendere to a criminal action? Yes No

If your answer to ANY of the above is "Yes," attach the order of the court or agency which was rendered as a result of the proceedings. Give full details, including the administrative agency, court, title of proceeding, disposition, and any other pertinent information on an attached sheet. If less than 7 years, the discharge of debtor is required for bankruptcy.

Applicant's Signature

Date

I do hereby certify that _____, the within named applicant will be associated with or employed by me if a reinstatement license is granted, and that said applicant is honest, truthful, of good reputation, competent and trustworthy to act as a real estate licensee. I recommend that the license be granted to the applicant.

Signature of Broker or Owner/Developer

License Number

IMPORTANT

PURSUANT TO NRS 645.358, THE FOLLOWING STATEMENT MUST BE ANSWERED AND SIGNED. YOUR APPLICATION FOR THE ISSUANCE OF THIS LICENSE WILL BE DENIED IF YOU DO NOT INDICATE ON THE STATEMENT WHICH OF THE PROVISIONS APPLY TO YOU.

- I am NOT subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and AM IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- I am subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.

I hereby certify under penalty of perjury that the answers contained in this application are true and correct.

I understand that if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan, my application for license, certification or renewal of a license or certification will be denied.

I further certify that I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of real estate licensees in the State of Nevada.

Applicant Name (Print)

Signature

CONSENT TO SERVICE OF PROCESS

FOR NON-RESIDENT USE ONLY

Last _____, First _____ M.I. _____ hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful attorney within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapter 645, 645C, 119, 119A, 119B of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach or contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

_____, _____, _____, _____
Street Address City State Zip Code

Drivers License Number _____ State _____

STATE OF _____ ss. County of _____

IN WITNESS WHEREOF, the aforesaid applicant has caused these presents to be executed this _____ day of _____, 20____.

Before me, a Notary Public in and for said county and state, personally appeared _____, to me known to be the person who executed the foregoing instrument, who, being by me first duly sworn, acknowledged under oath that he executed the said instrument as his free and voluntary act for the use and purposes therein set forth.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires:
(Seal)