



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/

FRANCHISE NAME REGISTRATION FORM

Please Print or Type

Date: _____

Broker's Name: _____

Broker's D.B.A.: _____

Principal Place of Business: _____

Branch Office: _____

Franchise Name: _____

Effective Date of Franchise Agreement: _____

Please Attach the Following Documents:

- Copy of Franchise Agreement
- Samples of Letterhead, Envelope and Business Cards
- Copy of Listing Agreement
- Copy of Earnest Money Deposit Receipt Form
- Sample of All Advertising

This is not your Franchise Registration approval. Your Franchise Registration becomes effective upon notification by the Real Estate Division.

If the Franchise agreement is terminated, the Division **must be notified**, in writing, as to the effective date of such termination.

Signature of Broker

FOR DIVISION USE ONLY:

Documents received on: _____ Application completed on: _____

Franchise Approved: _____ By: _____

Notification Sent: _____ By: _____