



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/

**APPRAISAL LICENSE RENEWAL**  
**Continuing Education Extension Request Form**

Continuing Education Hour Renewal Requirement: 30 hours, including a minimum of 7 hours of instruction Uniform Standards of Appraisal Practice.

Pursuant to NAC 645C.300, Requirement for renewal or reinstatement of license or certificate, a licensee or holder of a certificate may petition the administrator for an extension of time in which to comply with the requirements for continuing education. The administrator may grant such an extension if s/he finds that the licensee or holder of the certificate has a severe hardship resulting circumstances beyond his control that has prevented him from meeting the requirements.

**TO BE COMPLETED BY APPRAISER:**

I do not have the 30 hours of continuing education courses completed for renewal of my appraiser's license and I am therefore not qualified to renew my license. I have experienced a severe hardship in completing these hours and am requesting a time extension in which I will complete the continuing education hours.

\_\_\_\_\_  
*Printed Name* \_\_\_\_\_  
*License No.*

\_\_\_\_\_  
*Street Address* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone Number* \_\_\_\_\_  
*Fax Number*

Renewal Date: \_\_\_\_\_ Requested Extension Date: \_\_\_\_\_

Number of Hours Needed: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

COURSE TITLES AND HOURS COMPLETED TO DATE FOR THIS LICENSING PERIOD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COURSE TITLES AND DATES SCHEDULED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEVERE HARDSHIP EXPLANATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Note: Education credits obtained and completed during this extension period will apply only toward subject renewal, it may not be applied to your next two (2) year renewal.

The Licensing Manager, (775) 687-4280, will review this extension request. An extension approval or disapproval will be forwarded to you within 5 working days. Consideration will be given to the circumstances beyond one's control. Evidence as to the circumstance will assist in the consideration, i.e., medical problem, copy of hospitalization record or doctor's report, cancellation notice of a scheduled course. Attach extra page with explanation if necessary.

Extension hours submitted must be attached to this request form, direct to Licensing Manager

**DIVISION USE ONLY**

**Date Received:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_

**Approved:**  **Extension Date:** \_\_\_\_\_ **Disapproved:**