**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/

# APPLICATION FOR DUAL LICENSE ASSOCIATED BROKER

Type: _____ License No._____ Date: _____

Name: _____
*Last* *First* *M.I.*

Home Address:_____

Birth Date:_____ Social Security No.:_____

***FEE: $210.00***

**Documents Required:**

- ❑ 1. Copy of Business License, or receipt of payment.
- ❑ 2. If applicable, copy of Fictitious Name filed with the county clerk.
- ❑ 3. Copy of Authorization to Inspect Records.
- ❑ 4. Letter from Corporation acknowledging they are aware of licensee acting as Individual Broker.
- ❑ 5. Location of Records.
- ❑ 6. Financial Statement - ***Personal Financial Statement with Bank Verification. For each account, submit a verified statement letter from each banking institution. This financial statement cannot be approved without verification letters. You must provide the following on bank letterhead: Name of account, account number, length and specific dates of account – must have been on deposit for a minimum of 90 days prior to the date of application.***
- ❑ 7. Copy of Letter of Association

Firm Name: _____

Address: _____
*No. & Street* *Suite*

_____ _____
*P.O. Box No.* *Telephone No.*

_____
*City* *State* *Zip Code*

_____
*Signature of Licensee*

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