





4. Have you ever been a defendant in any litigation or administrative proceeding, other than as a witness?  Yes  No
5. Has any license issued to you by any public authority been denied, suspended or revoked?  Yes  No
6. 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
7. 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
8.
  - 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 and all documentation 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.*

**NOTE: Fingerprints may be used to check the criminal history records of the FBI and state of Nevada.**

### **EDUCATION and EXPERIENCE**

1. List below the number of instruction hours per topic taken. Provide transcripts / Course Completion Certificates. Please cross reference your certificates with the categories listed, for ease of verification.
 

\_\_\_\_\_ General community association management principles (16 hours required)  Pass  Fail

\_\_\_\_\_ Nevada Law (8 hours required)  Pass  Fail
2. On a separate sheet list and describe experience you believe will qualify you as a Certified Community Manager

#### **IMPORTANT**

**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 Community Association Managers in the State of Nevada.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature

I, by signing and filing this application, authorize any person or institute, to whom reference is made by me in connection with the application, to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me.

I, \_\_\_\_\_ being first duly sworn on oath, state that I am the applicant named, that I have personally prepared the foregoing application, and that the statements made by me in this application are true.

\_\_\_\_\_  
*Applicant's Signature*

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.

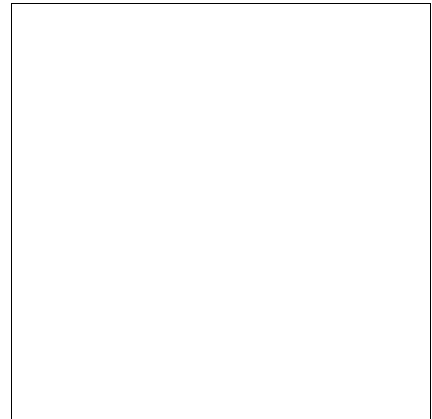
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

*Notary Public*

*(Seal)*

Attach Current 2" x 2" Photo (Mandatory)



**YOU MUST PROVIDE A PHOTO ID AT TIME OF APPLICATION**

**DIVISION USE ONLY**

**Validation of Identification**

**Driver License Number:** \_\_\_\_\_

**ID Number** \_\_\_\_\_ **Specify ID Type:** \_\_\_\_\_

**Accepted and Verified by:** \_\_\_\_\_



**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/>

**PROOF OF ELIGIBILITY FORM**

**Name:** \_\_\_\_\_ **Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

To whom it may concern;

I, the undersigned, do hereby certify that the person above has adequately performed the duties of managing a homeowners association for a period of at least 2 years, as required by the law of the State of Nevada. I am fully aware that this endorsement will be used as proof of eligibility for the purpose of obtaining a State of Nevada Community Association Management Certificate. I agree to furnish the State of Nevada with any proof required to substantiate my declaration and attest that all information I provide will be true and correct.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**COMMUNITY ASSOCIATION MANAGEMENT  
SERVICE VERIFICATION FORM  
APPLICANT INFORMATION**

Name \_\_\_\_\_  
*Last First Middle*

\_\_\_\_\_  
*Firm Name (if applicable)*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*Physical Location/Address*

\_\_\_\_\_  
*Dates Applicant Provided Services to the Association*

This information form is necessary for the applicant to provide independent evidence that he or she provided satisfactory management service to your community association. Please complete the items below and return to the applicant. We sincerely appreciate your assistance.

\_\_\_\_\_  
*Your Name (Please Print)*

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

List offices held while the applicant served as Manager:

Please initial those services below which you know the applicant performed for your association:

	Developing or assisting in development of a budget
	Bidding for or purchasing or evaluating insurance policies
	Supervision of association contractors or employees
	Review and use of association financial statements
	Preparation of association related reports and correspondence
	Conducting and performing follow-up of site inspection

Please comment if the above services are irrelevant to your community:

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

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