



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

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e-mail: realest@govmail.state.nv.us http://www.state.nv.us/b&i/red/

STRUCTURE INSPECTOR
APPLICATION FOR CERTIFICATE RENEWAL

Name

Address

City, State, ZIP

Please complete all information requested on this form and return it together with the required fee.

Return BEFORE expiration date. If not renewed by expiration date, there will be an additional \$125.00 penalty fee added to the renewal.

- I request renewal of my Inspector of Structures Certificate
RENEWAL FEE.....\$250.00 PENALTY FEE.....\$125.00 (If Applicable)
- I wish to renew my Inspector of Structures Certificate as inactive
ALL FEES APPLY - NO CEU's REQUIRED
- I wish to make a change of address

In support of this application, I hereby reaffirm to the truth of the statements and answers made in the original application for a Inspector of Structures Certificate previously filed with the Division, and further Certify that the same conditions now exist as set forth in the original application and in the information and data which accompanied it.

Name of Inspector

Inspectors Certificate Number

CHILD SUPPORT STATEMENT

IMPORTANT FOR RESIDENTS AND NON-RESIDENTS

Pursuant to Senate Bill 356, the following statement MUST be answered and signed. Your application for this certificate 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 a plan, my application for license, certification or renewal of a license or certification will be denied.

STATE OF _____ COUNTY OF _____

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

Applicant Name(Print)

(Signature)

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 first duly sworn, acknowledged under oath that he/she executed the said instrument as his/her free and voluntary act for the use and purposes therein set forth.

Subscribed and sworn to me before this _____ day of _____ 20 _____

My Commission expires: _____

(SEAL)

Notary Public

FOR NON-RESIDENT USE ONLY
CONSENT TO SERVICE OF PROCESS

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 the provisions of Chapters 645, 645C, 645D, 119, 119A, 119B of the Nevada Revised Statutes, or any rule or order thereto, or based upon any fraud, deceit, breach of contract or other thing connected with inspection of any real estate may be served with the same force and validity as if in fact served upon said applicant, personally, within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bonafide 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.

Applicant Name(Print)

Signature

STATE OF _____

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 first duly sworn, acknowledged under oath that he/she executed the said instrument as his/her free and voluntary act for the use and purposes therein set forth.

Subscribed and sworn to me before this _____ day of _____ 20 _____

My Commission expires: _____

(SEAL)

Notary Public