

DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA HOUSING DIVISION
MANUFACTURED HOUSING
1830 E. College Pkwy, Suite 120
Carson City, NV 89706
Phone: (775) 684-2945 • Fax: (775) 684-2949
mhd.nv.gov

CHANGE OF LICENSE INFORMATION or REQUESTING A REPLACEMENT LICENSE

Include a form of payment for each item checked below. Total amount due: \$ _____

- CHANGE OF LICENSEE NAME (\$50.00)
- CHANGE OF BUSINESS NAME (\$50.00)
- CHANGE OF PHYSICAL OR MAILING ADDRESS (\$50.00)
- ADD OR DELETE A NSCB CLASSIFICATION (\$50.00)
- REQUESTING A REPLACEMENT LICENSE (\$50.00)

CURRENT - Information as it appears on your current MH license now:

Name of Licensee: _____ MH License #: _____

Name of Business: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Specialty Serviceperson License Only (NSCB Classification): _____

NEW - Requesting information to be changed to:

When changing the business name or address you must submit this form along with a copy of the **new local business license** within 10 days of receiving the **new local business license**. NAC 489.335(4)

Name of Licensee: _____

Name of Business: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Specialty Serviceperson License Only (NSCB Classification): _____

Please indicate if you are eliminating a NSCB classification from your MHD license. If you are adding a NSCB Classification, include a copy of the applicable NSCB License.

Signature of Licensee: _____ Date: _____