## DEPARTMENT OF BUSINESS & INDUSTRY NEVADA HOUSING DIVISION

#### **MANUFACTURED HOUSING**

1830 E College Parkway, Suite 120 Carson City, Nevada 89706 Phone: (775) 684-2940 Fax: (775) 684-2949

### **Application for an Initial Branch Office**

Fee	\$250
Pg. 1	Certificate of employment (for an RME to exercise direct supervision)
Copy of	Local business license (county or City where the business is located)

Payment Information: Make all checks payable to Nevada Housing Division or use the credit card/eCheck payment portal under the Manufactured Housing tab.

Mail items of license you are applying for to the address above.

Working without a license is unlawful and may subject you, your business, and each individual licensee to disciplinary action.

This location is a separate office from the Main Office (principal established location). Please print.					
Business Name:			License #:		
Physical Location of the b	oranch office:				
Street and Number	City	State	Zip		
Phone Number of the branch office:			te:		
Print Name of Licensee fo	or the Main Office:				
Manufactured Housing D the best of my knowledge	ivision. I hereby decla e and belief. I underta is found to be false, i	re that the details furnishake to inform you of any c	nt of Business and Industry ned above are true and cor hanges therein, immediator representing, I acknowled	rect to ely. If any	
Signature of the Licensee	for the Main Office:				



Please check the box that applies:

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# CERTIFICATE OF EMPLOYMENT FOR A RESPONSIBLE MANAGING EMPLOYEE (RME) OR SALESPERSON

To be completed by the owner or corporate officer of the Manufactured Housing licensed company, hiring the Responsible Managing Employee or Salesperson.

□ NRS 489.341(1)(b)	Hiring a Responsible Managing Employee or Salesperson				
□ NRS 489.305(2)	Designating a Responsible Managing Employee to supervise a branch office				
□ NRS 489.341(6)	Transferring a license of a Responsible Managing Employee or Salesperson within 10 days of the employee leaving their previous employer. The employee may not act as a Responsible Managing Employee or Salesperson until Manufactured Housing has received this form with the \$10 transfer fee.				
Name of RME or Sale	esperson:				
Licensed Company:		MH License #:			
Address of Company	:				
. ,	of Company:  This is the location where the employee will be working				
	CITY	STATE	ZIP		
Office phone number	, where the employee will be wo	rkina:			
emos priene namber	, whore the employee will be we				
I,	of of				
PRINT – Owner or Corp	porate Officer of the Company	PRINT - Name	e of Company		
	ent to employ the above named vise his/her activities while he/sh				
S	ignature		Date		

Revised 7/10/2020 300