

DEPARTMENT OF BUSINESS & INDUSTRY
NEVADA HOUSING DIVISION
MANUFACTURED HOUSING
3300 W Sahara Ave. #320
Las Vegas, NV 89102
Phone: (702) 486-4135
housing.nv.gov

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.
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 branch office:

Street and Number City State Zip

Phone Number of the branch office: _____ Date: _____

Print Name of Licensee for the Main Office: _____

By signature below I authorize release of information to the Department of Business and Industry, Manufactured Housing Division. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. If any of the above information is found to be false, untrue, misleading or misrepresenting, I acknowledge that I may be held personally liable for it.

Signature of the Licensee for the Main Office: _____



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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.

Please check the box that applies:

- 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 Salesperson: _____

Licensed Company: _____ MH License #: _____

Address of Company: _____
This is the location where the employee will be working

CITY STATE ZIP

Office phone number, where the employee will be working: _____

I, _____ of _____
PRINT – Owner or Corporate Officer of the Company PRINT - Name of Company

certify that it is my intent to employ the above named applicant. If a license is issued to the applicant, I will supervise his/her activities while he/she is employed by me.

Signature

Date