

DEPARTMENT OF BUSINESS & INDUSTRY  
NEVADA HOUSING DIVISION  
**MANUFACTURED HOUSING**  
1830 College Parkway Suite 200  
Carson City, NV 89706  
775-684-2941

**Application for Initial Responsible Managing Employee (RME) License**

**RME Employed by a MH Licensed Specialty Serviceperson**

**RME Employed by a MH Licensed Dealer**

**RME Employed by a MH Licensed General Serviceperson**  
 **Without Install**  
 **With Install**

	RME Specialty Serviceperson	RME General Serviceperson	RME Licensed Dealer
<b>Fee</b>	<b>\$350</b>	<b>\$350</b>	<b>\$350</b>
		<b>Exam</b>	<b>Exam</b>
<b>Pg. 3</b>	Authorization for Release of Confidential Information	Authorization for Release of Confidential Information	Authorization for Release of Confidential Information
<b>Pg. 4</b>	Background Disclosure Statement <i>Note: Fingerprint instructions will be emailed after your application has been received by the division.</i> <b>Questions? Email <a href="mailto:MHlicensing@housing.nv.gov">MHlicensing@housing.nv.gov</a></b>	Background Disclosure Statement <i>Note: Fingerprint instructions will be emailed after your application has been received by the division.</i> <b>Questions? Email <a href="mailto:MHlicensing@housing.nv.gov">MHlicensing@housing.nv.gov</a></b>	Background Disclosure Statement <i>Note: Fingerprint instructions will be emailed after your application has been received by the division.</i> <b>Questions? Email <a href="mailto:MHlicensing@housing.nv.gov">MHlicensing@housing.nv.gov</a></b>
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<b>Pg. 12</b>		Evidence of Experience and Knowledge (Proof of 2 years experience within the previous 4 years)	Evidence of Experience and Knowledge (Proof of 2 years experience within the previous 4 years)
<b>Provide copies of</b>	Copy of your NSCB License listing you as the <u>Qualified Individual</u>		
<b>Provide copies of</b>	Any similar licenses issued by other states. Send a copy for each state, if applicable	Any similar licenses issued by other states. Send a copy for <b>each</b> state, if applicable.	

Required documentation continued on next page

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 below.

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

**PERSONAL DATA:** (Please print clearly)

Applicant's Name: \_\_\_\_\_

Home Address (Street/City/St/Zip): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**COMPANY DATA:** (Please print clearly)

Name: \_\_\_\_\_ County: \_\_\_\_\_

DBA- As it appears on the fictitious firm name certificate: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

1. I hereby authorize and request all law enforcement agencies, business associates, bank and lending institutions, any credit bureau, past or present employer(s), tax agencies including the IRS, to whom this request is presented, and that have information relating to or concerning me, to furnish such information to a duly authorized investigator of Manufactured Housing.
2. I hereby authorize and request all persons, to whom this request is presented, having documents relating to or concerning me, to permit a duly authorized investigator of Manufactured Housing to review and copy any such documents.
3. In regards to a brokerage firm, bank, savings and loan, credit union, credit bureau, or other financial institution, or an officer of same, I hereby authorize and request that a duly authorized investigator of Manufactured Housing be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, trust account records, passbook records, credit records and general ledger folio sheets.
4. I understand that I am seeking the granting of a privileged license and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of financial loss which may result from action of Manufactured Housing with respect to this application.
5. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, known or unknown, in law or equity which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of releasing the information set forth in paragraphs 1 and 3 above.

I declare that I will faithfully comply with all the statues and regulations of the State of Nevada pertaining to the conduct of the Department of Business and Industry, Manufactured Housing Division.

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ the undersigned Notary Public,  
Name of Notary Public

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
Name of person whose signature is being notarized

\_\_\_\_\_  
 Signature of Notary Public



## BACKGROUND DISCLOSURE STATEMENT

***Please read carefully:*** If you misrepresent or omit any information, your application may be denied.

**CRIMINAL BACKGROUND** - The information you provide will be compared to the criminal history reports we receive from the Nevada DPS Criminal History Repository and the Federal Bureau of Investigation. Having been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the Division considers the seriousness of the crime, the date of the conviction, and any evidence of rehabilitation the applicant submits. If you are not certain of your criminal history, we recommend that you contact the FBI and the Nevada Department of Public Safety to confirm your criminal history before responding.

**FBI:** <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/submitting-an-identity-history-summary-request-to-the-fbi>

**DPS:** [http://gsd.nv.gov/uploadedFiles/gsdnv.gov/content/Home/Features/DPS\\_006\\_Form112015.pdf](http://gsd.nv.gov/uploadedFiles/gsdnv.gov/content/Home/Features/DPS_006_Form112015.pdf)

If you answer "Yes" to questions 1 or 2, you ***must*** submit the attached Criminal History Disclosure Form for each conviction.

**YES NO**

1. Have you ***ever*** been ***convicted*** of a misdemeanor, gross misdemeanor, or felony?

2. Have you ***ever*** been ***convicted*** of fraud, forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude, or violence against another person?

**BUSINESS** – If you answer "Yes," to either of the questions below, please provide a copy of the administrative order or explanation of the license suspension, revocation or denial.

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional occupational license?

4. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been suspended, revoked, or denied?

**BANKRUPTCY** - If "Yes," please provide a copy of the Bankruptcy Discharge document.

5. Have you ever filed bankruptcy or has a bankruptcy been filed against you in the last 7 years?

**CITIZEN** – If you answer "No," to the question below, please provide proof of eligibility to work in the United States. Copies of Department of Immigration and Naturalization documents are accepted.

6. Are you a citizen of the United States of America?

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ the undersigned Notary Public,  
(Name of Notary Public)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Name of person whose signature is being notarized)

\_\_\_\_\_  
(Signature of Notary Public)

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**CRIMINAL HISTORY DISCLOSURE FORM**

Please complete one form for ***each*** conviction, regardless of when the crime was committed. Attach all supporting documents related to the arrest, charge and conviction. Complete ***all*** fields of this form. If there are no incidents or activity to report, please write "none" in each field.

Date of Arrest:	
Arresting Agency:	
City and State arrest took place:	
Disposition:	
Sentence (Incarceration and/or fines paid):	
Court Case or Docket Number (if available):	
Explanation of the incident: (if no incidents to report, please write "none")	

**Failure to report a conviction is considered falsification of the application and may result in the denial of your application.**

If "none" was written in each field, please still print and sign your name.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## CHILD SUPPORT STATEMENT

**NRS 489.342 Payment of child support: Statement by applicant for license; grounds for denial of license; duty of Division. [Effective until the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]**

1. A natural person who applies for the issuance or renewal of a manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license shall submit to the Division the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#). The statement must be completed and signed by the applicant.

2. The Division shall include the statement required pursuant to subsection 1 in:

- (a) The application or any other forms that must be submitted for the issuance or renewal of the license; or
- (b) A separate form prescribed by the Division.

3. A manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license may not be issued or renewed by the Division if the applicant is a natural person who:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Please mark the appropriate statement. Failure to mark one of the three will result in denial of the application.

\_\_\_\_\_ 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 the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



Nevada Department of  
**Public Safety**  
 Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5 United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by \_\_\_\_\_ (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicate on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contacting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

\_\_\_\_\_

*Initial* *Date*





## Veteran Status Verification

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YES NO

1. Have you ever served on active duty in the Armed Forces of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?
- 

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?
- 

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?



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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

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## EVIDENCE OF EXPERIENCE AND KNOWLEDGE

NAC 489.310 (2) An applicant may demonstrate his experience and knowledge by submitting to the Division:  
(a) Evidence of his prior employment or other experience in the occupation for which the applicant wishes to obtain a license; or (b) Proof that he has completed not less than 30 semester hours in courses of study which are approved by the Division.

NRS 489.341 (1)(b) An applicant for a license as a responsible managing employee shall submit proof of 2 years experience within the previous 4 years in the business in which the applicant is seeking to be licensed as a responsible managing employee.

Complete each section of this form for any work history or courses relative to the license you are applying for.

Date From/To:	
Name of Employer and Supervisor:	
Address and Phone of Employer:	
Detailed description of duties:	
Date From/To:	
Name of Employer and Supervisor:	
Address and Phone of Employer:	
Detailed description of duties:	
Date From/To:	
Name of Employer and Supervisor:	
Address and Phone of Employer:	
Detailed description of duties:	

**OR**

NAC 489.310(2)(b) or Proof that he has completed not less than 30 semester hours in courses of study which are approved by the Division.

Date From/To:	Completed courses relative to this license:	Name of online source or name of school where class was taken:
Date From/To:	Completed courses relative to this license:	Name of online source or name of school where class was taken: