

DEPARTMENT OF BUSINESS & INDUSTRY
NEVADA HOUSING DIVISION
MANUFACTURED HOUSING

3300 W Sahara Ave. #320
Las Vegas, Nevada 89102
Phone: (702) 486-4135

**Application for an Additional Corporate Officer, Managing Member or Partner
Renewal**

| | |
|-----------------|--|
| Fee | \$150.00 |
| Pg. 2 | Child Support Statement |
| Late Fee | \$75.00, making the total fee due \$225.00. |

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

To maintain an active license all of the following must be received by the division on or before your expiration date. Emails and faxes will not be accepted.

Working with an expired license is unlawful and may subject you, your business, and each individual licensee to disciplinary action.

Failure to complete the renewal application within 30 days of expiration will result in suspension, re-testing, and a late fee. No business activities may be conducted until the license is renewed, the tests are passed, and all fees are paid.

CURRENT CONTACT INFORMATION (Please Print):

Name of Business: _____ MH License #: _____

Name of Licensee: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Email Address: _____ Phone Number: _____

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 Licensee: _____ Date: _____



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INSTRUCTIONS FOR OBTAINING FINGERPRINTS

This form must be submitted with your application packet.

Pursuant to the provisions in NRS 489.321 (1)(d) and NRS 489.341 (1)(d), all applicants are required to submit a complete set of fingerprints for the purpose of conducting a criminal background check. There are two ways to submit your fingerprints.

- 1. Electronic Submittal** - To find a list of currently approved privately owned fingerprint agencies, go to the Department of Public Safety website.

This form must be signed by a representative of the fingerprint agency and submitted with your application packet.

- ORI: NV920360Z
- MISCELLANEOUS NO. MNU: 880142 *This is a non-billable account*
The applicant must pay the fingerprinting agency directly.
- REASON FINGERPRINTED:
 - NRS 489.321 - If applying for a Serviceperson, Dealer or Manufacturer’s License
 - NRS 489.341 - If applying for a Salesperson or RME License

To be completed by the Fingerprint Agency

NAME OF FINGERPRINT AGENCY: _____

FINGERPRINTS OF _____ HAVE BEEN TAKEN AND SENT TO THE NEVADA CENTRAL REPOSITORY.

DATE: _____ TCN#: _____

SIGNATURE OF FINGERPRINT REPRESENTATIVE: _____

All applicants who do not reside in the State of Nevada or live in a rural area, you must obtain your fingerprints in the following manner:

- 2. Manual Submittal** –Contact your local law enforcement agency to determine their fingerprinting fees and scheduling process. When submitting your application packet to Manufactured Housing, include (2) FBI fingerprint cards and a cashier’s check or money order, made payable to the Department of Public Safety (DPS), for **\$39.00**. A personal or company check will not be accepted. Do not forget to sign the fingerprint card on the appropriate line in the upper left corner.



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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