

DEPARTMENT OF BUSINESS & INDUSTRY  
NEVADA HOUSING DIVISION  
**MANUFACTURED HOUSING**  
1830 E College Parkway, Suite 120  
Carson City, Nevada 89706  
Phone: (775) 684-2945 Fax: (775) 684-2949

**Application for a Dealer or Distributor License Renewal**

<b>Fee</b>	<b>\$1,200.00</b>
<b>Pg. 2</b>	Child Support Statement
<b>Copy of</b>	Local business license (County or city where the business is located)
<b>Copy of</b>	Bank statements for the trust/escrow account for the 6 months prior to renewal.
<b>Copy of</b>	Current Certificate of Liability Insurance
<b>Proof of</b>	8 hours of continuing education taken in the past 2 years. To review a list of approved classes go to: <a href="http://mhd.nv.gov">mhd.nv.gov</a>

**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 a suspension, re-testing and an additional fee of \$100.00. 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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## 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