DEPARTMENT OF BUSINESS & INDUSTRY NEVADA HOUSING DIVISION

MANUFACTURED HOUSING

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

Renewal Application for Serviceperson/Salesperson License

Salesperson License

General Serviceperson License

Date:

Specialty Serviceperson License

Signature of Licensee:

| | Specialty Serviceperson License | Salesperson License | General Serviceperson License |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Fee | \$350 | \$175 | \$350 |
| Pg. 2 | Child Support Statement | Child Support Statement | Child Support Statement |
| Copy of | Local business license (County or city where the business is located) | | Local business license (County or city where the business is located) |
| Copy of | Current Certificate of Liability Insurance | | Current Certificate of Liability Insurance |
| Copy of | Current Nevada State Contractors Board License | | |
| Proof of | | 8 hours of continuing education taken in the past 2 years. To review a list of approved classes go to: housing.nv.gov | 8 hours of continuing education taken in the past 2 years. To reviewa list of approved classes go to: housing.nv.gov |
| Late Fee | \$100.00, making the total amount due \$450.00. | \$50.00, making the total amount due \$225.00. | \$100.00, making the total amount due \$450.00. |
| Worki Late Policy: Failure | license all of the following must be expiration date. En ing with an expired license is unlawf license to complete the renewal application activities may be conducted until the | mails and faxes will not be accepted. ful and may subject you, your busing ee to disciplinary action. within 30 days of expiration will res | ess, and each individual ult in a suspension and re-testing. N |
| Name of Licensed Company:MH License #: | | nse #: | |
| Your Name: Home Address | | | |
| Mailing Addres | ss: | | |
| Email Address | : | Phone Number: | |
| Housing Division and belief. I und | low I authorize release of informations. I hereby declare that the details fudertake to inform you of any changes, misleading or misrepresenting, I acl | rnished above are true and correct to therein, immediately. If any of the a | o the best of my knowledge bove information is found to |



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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 appropria | te statement. Failure to mark one of the three w | vill result in denial of the application. | |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| I | am not subject to a court order for the support | of a child. | |
| a b | 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 | | |
| a d | 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 | | |