

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

2501 East Sahara Avenue, Suite 102 * Las Vegas, NV 89104-4137 * (702) 486-4033
E-mail: realest@red.state.nv.us <http://www.red.state.nv.us>

APPRAISER TEMPORARY PRACTICE PERMIT APPLICATION

ATTACHMENTS:

1. A copy of your license or certificate issued by your home state.
2. A cashier's check or money order for \$115.00.
3. Engagement letter content requires **all** of the following: **a) Clients name. b) Address or property description to be appraised. c) Proposed date of the appraisal completion.**
4. Attach 1 photograph written with your name and date on the back of the photograph.
5. If any interns will be assisting you on this project, attach a copy of their intern registration.

Only information deemed by law to be confidential shall be confidential (SSN, exam results, background investigation results). Most information provided by an applicant for licensure is public information and must be provided upon request. By policy, the Real Estate Division shall post (via the web site) and sell licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

* (For Division use only) Note: **Email address is required.** However, will not be publicly available or sold.

LICENSE / CERTIFICATE INFORMATION

Indicate type of temporary practice permit requested. (Must correspond to License or Certificate you currently hold in another state)

- Licensed Residential (Residential 1-4 units up to a transaction value of \$1,000.00 non-complex)
- Certified Residential (Any residential 1-4 units without regard to complexity or transaction value)
- Certified General (Any transaction without regard to type, complexity or value)

APPLICANT INFORMATION

Name: _____
First Middle Last

***Home address:** _____
No. & Street City State Zip Code

***SS#** _____ ***Date of Birth:** _____ ***Email:** _____

***Phone:** () _____ ***Cell:** () _____

BUSINESS INFORMATION:

Company Name: _____

Company address: _____

Mailing address: _____

Business phone Number _____ **Business fax:** _____

Business email: _____ @ _____

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CHILD SUPPORT

PURSUANT TO NRS 645C.295, THE FOLLOWING STATEMENT IS AN APPLICATION REQUIREMENT. YOUR APPLICATION FOR THE ISSUANCE OF THIS LICENSE WILL BE DENIED IF YOU DO NOT INDICATE ON THE STATEMENT WHICH OF THE PROVISIONS APPLIES TO YOU.

- 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 that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- I am subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.

AFFIDAVIT OF APPLICANT

- *I understand and agree to the following:*
 - a) *The issuance of the temporary practice permit shall be for the purpose of completing one appraisal assignment*
 - b) *I am not allowed to begin the appraisal assignment until my application is approved and I am issued a temporary practice permit number.*
 - c) *All application fees submitted to the Division are non-refundable*
- *I hereby certify that I have read and understand the provisions of Chapter 645C of NRS and the corresponding regulations pertaining to the licensing and regulation of real estate appraisers in the State of Nevada.*
- *I certify under penalty of perjury that the information provided above, and any additional information submitted as part of this application, is true and accurate to the best of my knowledge and further acknowledge that falsification of any of the information submitted as part of this application is grounds for denial of issuance or subsequent revocation and may impact future applications to NRED.*

STATE OF _____ ss. County of _____

This instrument was acknowledged before me on _____ date, in the possession of applicant

_____ (print name of person presenting instrument)

X _____ (signature of person presenting instrument)

(notary stamp)

X _____
(Signature of Notary)

STATE OF NEVADA
Department of Business and Industry
Nevada Real Estate Division

CONSENT TO SERVICE OF PROCESS

NEVADA RESIDENTS, PLEASE DO NOT COMPLETE THIS SECTION! (NRS 645.495)

First: _____ MI _____ Last. _____

hereinafter referred to as "Applicant," hereby irrevocably constitutes and appoints the Administrator of the Division of Real Estate, Department of Business & Industry, State of Nevada or his/her successor in office, to be his/her true and lawful attorney within this state, upon whom all legal process in any suit, action or proceeding arising under, or in any way connected with any provisions of Chapter 645, 645C, 119, 119A, 119B of Nevada Revised Statutes, or any rule or order pursuant thereto, or based upon any fraud, deceit, breach of contract or other thing connected with the sale or offer for sale, negotiation or appraisal of any real estate, timeshare or campground membership, may be served upon said applicant, personally within the State of Nevada. Until the applicant attests by affidavit to the Administrator that he/she is a bona fide resident of the State of Nevada, this appointment and the authority of said attorney shall continue in force and effect so long as any such liability remains outstanding, and a copy of any process served hereunder may be sent by certified mail, return receipt requested, addressed to:

Please print the full number, street, city, state, and postal code of your legal residence.

STATE OF _____ ss. County of _____

This instrument was acknowledged before me on _____ date, in the possession of applicant

_____ (print name of person presenting instrument)

X _____ (signature of person presenting instrument)

(notary stamp)

X _____
(Signature of Notary)