

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

**COMMUNITY MANAGER and PROVISIONAL
COMMUNITY MANAGER CERTIFICATION
CHECKLIST AND APPLICATION**

- APPLICATION**: Residents and non-residents 18 years or older, may apply with a completed application form #559, delivered by mail or in person, to the Nevada Real Estate Division at either location address listed above. Attach the documents listed below to the application with a fee of **\$200.00**. Payments may be made by check, money order, cashier's check, or cash in exact change. Please make checks payable to the Nevada Real Estate Division or NRED.

- FINGERPRINT CARDS**: Upon application you are required to submit; [a] for the **electronic fingerprint** option: the original fingerprint verification form provided by an authorized vendor obtained from the list on Form 619. [b] for the **hard copy cards** option: complete the entire top portion of both cards in black ink and attach a **\$37.50** cashier's check or money order made payable to **Department of Public Safety (DPS)**. Personal or company checks, or cash will not be accepted by DPS.

- NON-US CITIZENS**: Please provide proof of eligibility to work in the United States. Copies may be enlarged.

- EDUCATION**: An applicant must have successfully completed at least 60 hours of instruction in courses in the management of a common-interest community that have been approved by the CIC Commission. Provide a copy of a transcript or school certification.

- EXPERIENCE**: Experience is required for a full Community Manager Certification (*Provisional Community Managers – experience is not required*). Submit the completed Service Verification form located on page #6, Document #8.

- EXAM**: Please provide the **original** Certificate of passing the examination dated within one year immediately prior to application for a certificate. Contact PSI examination service at (800) 733-9267 or their web address www.psiexams.com.

- CIVIL APPLICANT WAIVER**: Complete the Nevada Department of Public Safety waiver form attached to the application.

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COMMUNITY MANAGER APPLICATION

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.

Fee: \$200.00 (\$175.00 application fee and \$25.00 certificate fee) **Cash** (exact change) or **check** (made payable to NRED) accepted.

Date: _____ Application for: **Provisional Community Manager**
(please check one box) **Community Manager**

No Yes **ARE YOU A NEVADA RESIDENT?**

No Yes **ARE YOU A U.S. CITIZEN?**

If you checked no, please provide the country you hold Citizenship. _____
*Non-United State Citizen must provide proof of the right to work in the US as an employee or independent contractor
Provide a copy of a current I.N.S. card, work permit card, or permanent resident, card. Clear readable copies accepted.*

1. APPLICANT INFORMATION:

Full legal name: (Please print): _____
First Name Middle Last Name

Residence Address: _____
Number & Street City State Zip Code

Phone number: _____ **Cell number:** _____

Email address: _____ **SS#:** _____ **DOB:** _____

Include Mailing Address if different from your residence Address:

Mailing Address: _____
Number & Street City State Zip Code

2. BUSINESS AFFILIATION:

Business Name: (if applicable) _____

Business Address: _____
Number & Street City State Zip Code

Business Mailing Address: _____
Number & Street City State Zip Code

Phone: _____ **Bus Email:** _____

(For Provisional Community Manager applicants, business name and address must be the same as that of the Supervising Community Manager's certification.)

Division Use Only: Receipt # _____ **Date:** _____ **Initials:** _____

3. OCCUPATION: 10 years consecutive required. Please indicate unemployment dates if applicable. Attach additional sheets if needed.

Occupation	Company	City, State	From (m/d/y)	To (m/d/y)

4. BACKGROUND: Check appropriate box. Errors must be initialed.

No Yes

- a. 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 or occupational license?
- b. 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 or revoked, or the application for a license been denied?
- c. Has an application for any type of license been denied?
- d. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of the application?
- e. Have you ever filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from the date of this application, please provide a copy of the discharge. Date of discharge _____.(MM/YYYY)
- f. Have you ever been charged with or arrested for a felony, gross misdemeanor, or misdemeanor?
- g. Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?
- h. Have you ever received an executive pardon?
- i. Are you presently on parole or probation or paying any restitution?
- j. Have you ever been permitted to change your plea of guilty or had a criminal conviction reversed, or had a judgment or verdict vacated?
- k. Have you ever been convicted of, or are you under indictment for or have you entered a plea of guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude?

*If you answer is **YES** to any of the questions listed above, attach the order of the court or agency which was rendered as a result of the proceedings. Submit a written statement addressed to the Nevada Real Estate division. Include the full details, including the location, dates, specific details of the incident, the initial charge, the final disposition, the court decision, the current status of any restitution, and current disposition. Provide complete court documents of the final outcome and receipts of payment(s) made. The division reserves the right to ask for any other pertinent information on an attached sheet.*

5. CHILD SUPPORT DECLARATION: (CHOOSE ONLY ONE STATEMENT)

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this license will be DENIED if you do not complete this section.

- 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.

6. APPLICANT DECLARATION:

I hereby state under penalty of perjury that the answers contained in this application are true and correct, that if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan, my application for license, certification or renewal of a license or certification will be denied, that I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of certified Community Managers in the State of Nevada, that by signing this application, authorize any person or institution to which reference is made by me in connection with the application to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me. I, by signing and filing this application, authorize any person or institute, to whom reference is made by me in connection with the application, to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me.

I, _____ State that I am the applicant named, that I have personally prepared the foregoing application, and that the statements made by me in this application are true under penalty of perjury.

Signature of applicant X _____

Verification upon oath or affirmation.

State of _____
ss. County of _____

Signed and sworn to (or affirmed) before me on _____, by _____.
(Date) (Print Name of Person making statement)

Seal

X _____
Signature of Notarial Officer

7. SUPERVISING COMMUNITY MANAGER: Please complete this form for a provisional Community Manager applicant only.

Name of Business (Company name where certificate holder is conducting his/her business.)

Location address (provide number, street, city ,state, zip)

Business mailing address (if different from business location address)

Business Telephone Number

ACKNOWLEDGEMENT: Supervisor Acknowledgement of Intent to Employ

This is to verify that I, _____, am a duly certified Community Manager on active status and registered with the Nevada Real Estate Division of the Department of Business and Industry. It is my present intent to employ or associate with me the within named Provisional Community Manager: _____. I will exercise careful supervision over his/her community management activities while he/she is associated with or employed by me.

(Print name of Supervising Community Manager)

(Original signature of Supervising Community Manager)

Nevada Certificate #: _____

Verification upon oath or affirmation.

State of _____

ss. County of _____

Signed and sworn to (or affirmed) before me on _____, by _____.
(Date) (Print Name of Person making statement)

Seal

X _____
Signature of Notarial Officer

8. SERVICE VERIFICATION FORM

Name of Applicant: _____
First Middle Last

Company (Firm) name where the applicant performed the services contained herein. _____ Phone number _____

Company physical location address: _____

Position applicant held while performing the duties described below. _____

Dates of active full-time service. Please provide full dates (mm/dd/yy). From: _____ To: _____

Please initial those services which the applicant for a Nevada Community Manager certification assisted or performed for a common-interest community:

Initials	
	Financial management of an association.
	Property and facilities management.
	Specific duties relating to the management of a common-interest community as provided in the 116 chapter.
	Governance of an association.
	Preparation of association related reports and correspondence.
	Building a sense of community within an association.

Please provide the total number of hours the applicant provided in the areas initialed above. _____ HOURS

By signing below, under the penalty of perjury, I hereby certify that the statements made herein are true and correct.

Print your name Signature Date

State of _____
ss. County of _____

This instrument was acknowledged before me on _____ date, in the possession of applicant named as follows:

Notary Seal

(Print Name of person who presents the document)

Signature of Notarial Officer



CIVIL APPLICANT WAIVER

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize (enter name of submitting agency) Nevada Real Estate Division (NRED), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. (Please initial) _____
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Nevada Real Estate Division (NRED)

Address: 2501 E. Sahara, Suite 102, Las Vegas, NV 89104

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____