

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
2501 E Sahara Ave Ste 102, Las Vegas Nevada 89104-4137
Phone: (702) 486-4033 Fax: (702) 486-4275
Email: realest@red.state.nv.us website: www.red.state.nv.us

CHANGE FORM FOR A PROVISIONAL COMMUNITY MANAGER

INSTRUCTIONS:

- The Division must receive the original certificate and pocket card.
- Complete only the areas that are specific to this transaction and a fee of \$20.00 per section per certificate are required.
- Payments are accepted in the form of check, cashier's check, money order (made payable to NRED) or exact cash.
- All applicants are required to answer and sign section 3 along with the supervisor signature in section 4.
- Incomplete paperwork will not be processed and will be returned to you for completion.

Certificate number : _____ Date: _____

Name: (Please print): _____
First Middle Last (Suffix-if applicable)

Home address: _____

Phone: _____ Email address: _____

1. \$20 CHANGE OF SUPERVISOR:

Supervising CAM: _____ Certificate no. - CAM. _____ .SUPR

Company Name: _____

Address: _____

2. \$20 PERSONAL NAME CHANGE: List the name on your current certificate at the top and list your new name here. Proof is required in the form of a Divorce decree, Marriage Certificate, or a Judgment issued by the court.

New Name: _____

3. SIGNATURE of PROVISIONAL COMMUNITY MANAGER :

Have you had any disciplinary sanctions imposed by any regulatory agency or commission within the past 5 years?

NO YES (If Yes, attach a written explanation and the final disposition.)

SIGNATURE of Provisional Community Manager X_____.

4. SIGNATURE of SUPERVISING COMMUNITY MANAGER.

This is to verify that I am a duly certified Supervising Community Manager on active status 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: (print CAM.PROV name here) _____. I will exercise careful supervision over his/her Community manager activities while he/she is associated with or employed by me.

(Print name) X_____ (Signature of Supervising Community Manager)

Division only: Date: _____ Receipt: _____ Initials: _____