

**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>

**ENERGY AUDITOR
CHECKLIST AND APPLICATION**

The filing of this application does not authorize the applicant to conduct any activity for which a license is required. Prior to submitting this application, be sure each question has been completely, thoroughly, and honestly answered. This application must be signed and notarized. Fees are non-refundable.

APPLICATION: Residents and non-residents 18 years or older, may apply with a complete application [Form 663](#). Attach the documents listed below and a fee of **\$350.00**.

FINGERPRINT CARDS: Attach to your application:

♦ **TWO** complete fingerprint cards, along with a **\$51.25 cashier's check or money order** made payable to the *Department of Public Safety*. Personal checks, company checks, or cash will not be accepted.

OR

♦ A verification of fingerprints taken electronically issued by an approved vendor. See [Form 619](#) for a list of vendors, fees, and their addresses.

RECORDS: Complete and submit the Location of Records [Form 664](#).

NON-US CITIZENS: Provide proof of eligibility to work. Copies maybe enlarged.

TRAINING AND EXPERIENCE: Provide a copy of the certificate issued for certification or accreditation by an organization approved by the Administrator.

INSURANCE: Proof of insurance: \$100,000 Errors and Omissions and \$100,000 General Liability in the name of the applicant, the applicant's business entity, or the applicant's employer. The insurance documents must include the name of the applicant as being covered under the policy.

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**ENERGY AUDITOR
ORIGINAL LICENSING APPLICATION**

Type or print carefully. This application is to be completed personally by the candidate.

Application fee \$350.00 accepted in cash, check or money order. Checks are made payable to the Nevada Real Estate Division. Cash must be received in exact amount.

*Only information deemed by law to be confidential shall be confidential (SSN, 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.

1. **Nevada Resident:** Yes No ("No", must provide Form 656)

2. **US Citizen:** Yes No ("No", must provide proof of eligibility to work.)

3. PERSONAL INFORMATION

Date: _____

Name _____

First Name

Middle Name or initial

Last Name

Home Address*: _____

Number and Street

City

State

Zip Code

Mailing Address: _____

Number and Street

City

State

Zip Code

Home Phone

*Date of Birth**

*Social Security Number**

*E-mail address**

4. BUSINESS INFORMATION: If a corporation or fictitious name is registered, please attach a copy of the registration or filing with the Secretary of State or County Clerk office. Please list the address of the principle office below if different from home address.

Name of Business (if applicable): _____

Location _____

Number and Street

City

State

Zip Code

Mailing Address _____

Number and Street

City

State

Zip Code

County: _____ **Business Telephone Number:** _____

DIVISION USE ONLY:

Credential number: #EA. _____ . _____ Issue date: _____ Processor Initials: _____

Receipt # _____ Date: _____ Processor initials: _____

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5. OCCUPATION: List employers, past and present, for five years preceding date of application. Attach additional list if necessary. If unemployed, please indicate as such and dates.

a. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

b. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

c. Occupation/Position _____
Employer/Supervisor _____ **Phone** _____
Address _____
Number and Street *City* *State* *Zip Code*
Employed from _____ **to** _____
Month/Year *Month/Year*

6. Child Support Declaration NRS 425.520

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.

PLEASE CHECK ONE BOX:

- 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.
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7. PERSONAL BACKGROUND: If you answer "yes" to the questions below, give full details, including the administrative agency, court, title of proceeding, disposition, and any other pertinent information on an attached sheet. Attach order of the court or agency which was rendered as a result of the proceedings and a detailed written explanation. Both fingerprint cards are submitted for a State and Federal background investigation.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Has an application for any type of license been denied? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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 _____. |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with or arrested for a felony, gross misdemeanor, or misdemeanor? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received an executive pardon? |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently on parole or probation or paying any restitution? |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | 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? |

8. DECLARATION OF APPLICANT:

I, here by certify under the penalty of perjury that the answers contained in this application are true and correct; and I understand:

- ◆ 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 a certificate or renewal of a certificate will be denied.
- ◆ That I will faithfully comply with all the statutes and regulations pertaining to the conduct of the Licensed Energy Auditor in the State of Nevada.
- ◆ That by signing this application, I authorize any person or institution to which reference is made by me, in connection with the application, to release or divulge to the Nevada Real Estate Division any information in the possession of such person or institution regarding me.

X _____
Signature of Applicant

ss. State _____
County _____

This instrument was acknowledged before me on (date) _____ by _____
(Print applicant's name)

SEAL

X _____
Signature of Notary Public