

**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>

ASSET MANAGEMENT COMPANY REGISTRATION INSTRUCTIONS

- FEE:** Attach a check or certified funds made payable to the Nevada Real Estate Division or cash in the exact amount for \$2500.00 (\$2000 application fee plus \$500 initial registration fee).

- LICENSE REVIEW:** Attach your written procedure which sets forth the company's process to verify that each employee or independent contractor that performs services as directed by the asset management company or an asset manager employed by or under contract with the asset management company is the holder of a license or permit in good standing in the State of Nevada to perform the services for which the asset management company will use the employee or independent contractor.

- PROCEDURE REVIEW:** Attach your written procedure which sets forth the company's process to review the work of each independent contractor that performs services as directed by the asset manager employed by or under contract with the asset management company to ensure that those services are conducted in accordance with all applicable laws and regulations of the State of Nevada.

- PROOF OF INSURANCE:** Attach proof that the company is covered under a policy of insurance or possesses means to act as a self-insurer sufficient to reimburse real property owners for, without limitation, any damage to real property in foreclosure, the wrongful disposal of property or wrongful eviction.

ADDITIONAL FORM:

665A: Registration of an Asset Management Company Principal

ASSET MANAGEMENT COMPANY REGISTRATION FORM

Fee: Please make check, money order, or cashier's check payable to NRED or exact cash for \$2500.00 .
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1. COMPANY NAME: _____

Main location address: _____

Mailing address (if different from location address): _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

If the applicant is a natural person, also complete Form 665A. Each person who has an interest in the Asset Management Company as a Principal, General Partner, Director, Officer, Trustee, Manager, or registered agent must complete Form 665A as well.

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2. **BRANCH OFFICE:** Any office other than a principal office from which the company will conduct business within the State of Nevada. List branch offices below or check the No Branch offices box: **No branch offices**

ADDRESS	CITY	STATE	POSTAL CODE	(AREA CODE) PHONE
1.				
2.				
3.				

Attach additional page if necessary.

3. **QUALIFIED EMPLOYEE:** A Principal, General Partner, Director, Officer, Trustee, Manager, or Registered Agent who is designated to act on behalf of the company

Name: _____ **Title:** _____

Business address: _____

Division use only: Reg. # _____ Issued date: _____ Processor initials: _____

Date: _____ Receipt number: _____ Processor Initials: _____

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4. **COMPANY QUESTIONS:** Please make an indicator next to **questions a-e**. For any answer of yes, provide a copy of the judgment or order and a written statement explaining the circumstances surrounding the legal issue(s).
- a. Yes No Has the Asset Management Company ever had any judgments entered against the company?
- b. Yes No Has a receiver been appointed to take control of any assets of the Asset Management Company?
- c. Yes No Does the Asset Management Company have a process in place to verify that each employee or independent contractor providing your company services on property located in the State of Nevada holds a current and active license or permit in the State of Nevada?
- d. Yes No Does the Asset Management Company have procedures in place to ensure that services performed on property located in the State of Nevada are conducted in accordance with all applicable laws and regulations of the State of Nevada?
- e. Yes No Does the Asset Management Company maintain a detailed record of each asset management service request and the contractor who fulfilled the request?
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5. **DECLARATION: Signature of applicant (NRS 53.045)**

I, (print name) _____ hereby, under penalty of perjury, declare that the answers contained in this application are true and correct; and that the Asset Management Company named herein, will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of asset management in accordance with the State of Nevada statutes and regulations and Senate Bill 314 (2011 Legislative session).

Signature (Must be signed in front of a registered Notary Public)

Position and date

STATE OF _____ } SS
COUNTY OF _____

This instrument was acknowledged before me on _____ date, in the possession of applicant (SIGNER'S NAME)

(Notary prints the name of person who takes oath and signs the document.)

seal

X

Signature of Notary

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6. List of Principals, General Partners, Officers, Directors, Trustees, Managers, and/or Registered Agent. Each individual listed must complete Form 665A. Attach an additional page if needed.

Name:	Title	Position
Name:	Title	Position
Name:	Title	Position
Name:	Title	Position
Name:	Title	Position

7.

CONSENT TO SERVICE OF PROCESS

Registrants who reside out-of-state locations must complete this form. Nevada residents leave blank.

Company name: _____

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 agent 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, 645D, 119, 119A, 119B, 116, 116A, 116B 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, appraisal or inspection 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:

Company address: _____

X

(Signature of person representing the AMC's application to the notary)

STATE OF: _____ }
COUNTY OF: _____ } ss

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

(Notary prints the name of person signing this document)

seal X

Notary Signature