



DEPARTMENT OF BUSINESS AND INDUSTRY  
**MANUFACTURED HOUSING DIVISION**

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**CHANGE OF LICENSE INFORMATION FORM**

- CHANGE OF PHYSICAL OR MAILING ADDRESS
- CHANGE OF BUSINESS NAME
- CHANGE OF LICENSEE NAME
- CHANGE OF NSCB CLASSIFICATION \*
- REQUESTING A REPLACEMENT LICENSE

**NAC 489.335 (4)** If a licensee changes the address of his business, he shall submit to the Division a copy of the business license issued by the local government in which the business is located not more than 10 days after the local government issues the license. The business license must indicate the new address of the business.

1. Complete **all** portions of this document within 10 days of receiving the new local business license.
2. When changing the business name or address include a copy of the **new** local business license.
3. You are required to turn in the original MHD license and ID card when submitting this form.
4. Include a check for **\$50.00** made out to MHD when submitting this application. **CHECK #:** \_\_\_\_\_

**PREVIOUS** - Name and address as it appears on your MHD license currently

Name of Business: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specialty Serviceperson License Only (NSCB Classification): C - \_\_\_\_\_

**NEW** - Requesting information to be changed to

Name of Business: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specialty Serviceperson License Only (NSCB Classification): C - \_\_\_\_\_

*\*Must include a copy of the Nevada State Contractors Board Licenses*

Date: \_\_\_\_\_ MHD License #: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Print name of licensee: \_\_\_\_\_

Signature of licensee: \_\_\_\_\_