



DEPARTMENT OF BUSINESS AND INDUSTRY
 NEVADA HOUSING DIVISION
MANUFACTURED HOUSING
 1830 E. College Pkwy, Suite 120
 Carson City, Nevada 89706
 (775) 684-2945 • Fax: (775) 684-2949
 mhd.nv.gov



Renewal Application for a Responsible Managing Employee for a Specialty Serviceperson License

To maintain an active license, **all** of the following items must be **received by mail to the Division** before your expiration date. We cannot accept emails or faxes of renewal applications.

1	Fee of \$250.00 if received in our office prior to Payable to <u>Nevada Housing Division</u>	NRS 489.4971 NAC 489.360
2	This Renewal Application	NAC 489.347
3	Child Support Statement	NRS 489.342
4	Veteran Status Verification	NRS 417.0194
5	Copy of current Nevada State Contractors Board License	NAC 489.311(2)

If the *complete* renewal application is received after the expiration date, the license is inactive and you must cease all business activities related to your license. You may choose to have your license reinstated by submitting a *complete* renewal application with the renewal fee, in addition to a \$100 late fee. The total renewal fee of \$350 is required, if the application is received after your expiration date.

The late renewal application can only be accepted within 30 days of the expiration date. If it is not received within 30 days of the expiration date, you must retake and pass the applicable examination and submit a new application including the fees required for a new license.

**Working with an expired license is unlawful and may subject you,
your business, and each individual licensee to disciplinary action.**

CURRENT CONTACT INFORMATION – Please Print:

Name of Licensed Company: _____ MH License #: _____

Your Name: _____

Home Address: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature of licensee: _____ Date: _____



DEPARTMENT OF BUSINESS AND INDUSTRY
 NEVADA HOUSING DIVISION
MANUFACTURED HOUSING
 1830 E. College Pkwy, Suite 120
 Carson City, NV 89706
 Phone: (775) 684-2945 • Fax: (775) 684-2949
 mhd.nv.gov



CHILD SUPPORT STATEMENT

NRS 489.342 Payment of child support: Statement by applicant for license; grounds for denial of license; duty of Division. [Effective until the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. A natural person who applies for the issuance or renewal of a manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license shall submit to the Division the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#). The statement must be completed and signed by the applicant.

2. The Division shall include the statement required pursuant to subsection 1 in:

- (a) The application or any other forms that must be submitted for the issuance or renewal of the license; or
- (b) A separate form prescribed by the Division.

3. A manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license may not be issued or renewed by the Division if the applicant is a natural person who:

- (a) Fails to submit the statement required pursuant to subsection 1; or
- (b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Please mark the appropriate statement. Failure to mark one of the three will result in denial of the application.

_____ 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 the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

 Print Name

 Signature of Applicant

 Date



DEPARTMENT OF BUSINESS AND INDUSTRY
 NEVADA HOUSING DIVISION
MANUFACTURED HOUSING
 1830 E. College Pkwy, Suite 120
 Carson City, NV 89706
 Phone: (775) 684-2945 • Fax: (775) 684-2949
 mhd.nv.gov



Veteran Status Verification

Pursuant to NRS 417.0194, each state agency and regulatory body identified shall report certain information to the Interagency Council on Veterans Affairs. This is for informational and statistical purposes only.

YES NO

1. Have you ever served on active duty in the Armed Forces of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than dishonorable?

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than dishonorable?

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?
- If you answered "Yes" to the question above, were you separated from such service under conditions other than dishonorable?