

## DEPARTMENT OF BUSINESS AND INDUSTRY MANUFACTURED HOUSING DIVISION

1830 E. College Pkwy, Suite 120 Carson City, NV 89706 (775) 684-2945 • Fax: (775) 684-2949 mhd.nv.gov

## **ACTIVATING A LICENSE FROM INACTIVE OR SUSPENDED STATUS**

This form is to be completed by the <u>owner or corporate officer of the MHD licensed company</u> and must include the activation fee of \$100. NAC 489.360(1)(k)

Name of employee (RME or Salesperson): _	
Business Name:	MHD License #:
Address of Business:(This is the	
(This is the	e location where the employee will be working)
CITY	STATE ZIP
Office Phone Number where the employee w	vill be working:
PRINT – Owner or Corp. Officer of the Company	of
PRINT – Owner or Corp. Officer of the Company	Business Name
certify that it is my intent to employ the above activities while he/she is employed by me.	
Signature – Owner or Corp. Officer of the Company	Date
To activate a license for a Company	y
Name of Owner or Corporate Officer:	
Company Name:	MHD License #:
Address of Company:	
CITY	STATE ZIP
Company Phone Number:	
Best Contact number for the Owner or Corpo	orate Officer:

Signature - Owner or Corporate Officer

Date