



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

**CHANGE OF LICENSE INFORMATION or
REQUESTING A REPLACEMENT LICENSE**

Include a check for **\$50.00** made out to MHD. CHECK #: _____

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

CURRENT - Information as it appears on your MHD license now:

Name of Licensee: _____ MHD License #: _____

Name of Business: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Specialty Serviceperson License Only (NSCB Classification): C - _____

NEW - Requesting information to be changed to:

Name of Licensee: _____

Name of Business: _____

Physical Address: _____

*When changing the business name or address you must submit this form along with a copy of the **new local business license** within 10 days of receiving the **new local business license**. NAC 489.335(4)*

Mailing Address: _____

Email Address: _____

Phone Number: _____

Specialty Serviceperson License Only (NSCB Classification): C - _____

Please indicate if you are eliminating a NSCB classification from your MHD license. If you are adding a NSCB Classification, include a copy of the applicable NSCB License.

Signature of Licensee: _____ Date: _____