



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
- ADD OR DELETE A 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. Include a check for **\$50.00** made out to MHD. **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: _____