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

Application for a Responsible Managing Employee Employed by a MHD Licensed General Serviceperson

NRS 489.1353 "Responsible managing employee" defined. "Responsible managing employee" means the person designated by the employer to exercise authority in connection with his or her principal or employer's business in the following manner:

1. To make technical and administrative decisions.
2. To hire, superintend, promote, transfer, layoff, discipline or discharge other employees and to direct them, either personally or through others, or effectively recommend such action on behalf of his or her principal or employer.

Submit **ALL** of the following items to the address listed above:

1.	Application	NRS 489.341 (1)(a)
2.	License Fee - **$350** (Payable to MHD)	NRS 489.341 (1)(f)
3.	Exam ☐ With Installation ☐ Without Installation	NRS 489.341 (1)(g)
4.	Authorization for Release of Confidential Information	NRS 489.341 (1)(c)
5.	Background Disclosure Statement SENT: RECEIVED:	NRS 489.391
6.	Criminal History Disclosure Form (If applicable)	
7.	Instructions for Obtaining Fingerprints	NRS 489.341 (1)(d)
8.	Certificate of Employment	NRS 489.341 (1)(b)
9.	Child Support Statement	NRS 489.342
10.	Fingerprint Background Waiver	NRS 489.341 (1)(d)
11.	Evidence of Experience (Proof of 2 years experience within the previous 4 years)	NRS 489.341 (1)(b)
12.	Any similar licenses issued by other states. Send a copy for ***each*** state, if applicable.	NAC 489.310 (10)

PERSONAL DATA: (Please print clearly)

Name: _____

Home Address: (Street/City/St/Zip) _____

Social Security #: _____ Home Phone: _____

Personal E-mail address: _____ Cell Phone: _____

EMPLOYER DATA: (Please print clearly)

Name of Company: _____ County: _____

Physical Address of Company: (Street/City/St/Zip) _____

Mailing Address of Company: _____

Company Email address: _____ Company Phone: _____

Applicant Signature: _____ Date: _____

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

1. I hereby authorize and request all law enforcement agencies, business associates, bank and lending institutions, any credit bureau, past or present employer(s), tax agencies including the IRS, to whom this request is presented, and that have information relating to or concerning me, to furnish such information to a duly authorized investigator of the Nevada State Division of Manufactured Housing.

2. I hereby authorize and request all persons, to whom this request is presented, having documents relating to or concerning me, to permit a duly authorized investigator of the Nevada State Division of Manufactured Housing to review and copy any such documents.

3. In regards to a brokerage firm, bank, savings and loan, credit union, credit bureau, or other financial institution, or an officer of same, I hereby authorize and request that a duly authorized investigator of the Nevada State Division of Manufactured Housing be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, trust account records, passbook records, credit records and general ledger folio sheets.

4. I understand that I am seeking the granting of a privileged license and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of financial loss which may result from action of the Nevada State Division of Manufactured Housing with respect to this application.

5. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, known or unknown, in law or equity which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of releasing the information set forth in paragraphs 1 and 3 above.

I declare that I will faithfully comply with all the statues and regulations of the State of Nevada pertaining to the conduct of the Department of Business and Industry, Manufactured Housing Division.

Signature of Applicant: _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned Notary Public,
Name of Notary Public

this _____day of _____, 20_____ by_____.
Name of person whose signature is being notarized

_____
Signature of Notary Public

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BACKGROUND DISCLOSURE STATEMENT

Please read carefully: If you misrepresent or omit any information, your application may be denied.

CRIMINAL BACKGROUND - The information you provide will be compared to the criminal history reports we receive from the Nevada DPS Criminal History Repository and the Federal Bureau of Investigation. Having been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the Division considers the seriousness of the crime, the date of the conviction, and any evidence of rehabilitation the applicant submits. If you are not certain of your criminal history, we recommend that you contact the FBI and the Nevada Department of Public Safety to confirm your criminal history before responding.

FBI: https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/submitting-an-identity-history-summary-request-to-the-fbi

DPS: http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/DPS_006_Form112015.pdf

If you answer "Yes" to questions 1 or 2, you ***must*** submit the attached Criminal History Disclosure Form for each conviction.

YES	NO	
☐	☐	1. Have you ***ever*** been ***convicted*** of a misdemeanor, gross misdemeanor, or felony?
☐	☐	2. Have you ***ever*** been ***convicted*** of fraud, forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude, or violence against another person?

BUSINESS – If you answer "Yes," to either of the questions below, please provide a copy of the administrative order or explanation of the license suspension, revocation or denial.

☐	☐	3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional occupational license?
☐	☐	4. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been suspended, revoked, or denied?

BANKRUPTCY – If you answer "Yes," to the question below, please provide the date of bankruptcy discharge, _____. If you filed bankruptcy within the past 7 years, please provide a copy of the discharge.

☐	☐	5. Have you ever filed bankruptcy or has bankruptcy been filed against you?

CITIZEN – If you answer "No," to the question below, please provide proof of eligibility to work in the United States. Copies of Department of Immigration and Naturalization documents are accepted.

☐	☐	6. Are you a citizen of the United States of America?

Signature of Applicant: _____

State of _____ County of _____

Subscribed and sworn to before me, _____ the undersigned Notary Public,
(Name of Notary Public)

this _____ day of _____, 20_____ by _____.
(Name of person whose signature is being notarized)

_____
(Signature of Notary Public)

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CRIMINAL HISTORY DISCLOSURE FORM

Please complete one form for ***each*** conviction, regardless of when the crime was committed. Attach all supporting documents related to the arrest, charge and conviction. Complete ***all*** fields of this form.

FAILURE TO REPORT A CONVICTION IS CONSIDERED FALSIFICATION OF THE APPLICATION AND MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

Your Name:	
Date of Arrest:	
Arresting Agency:	
City and State arrest took place:	
Disposition:	
Sentence (Incarceration and/or fines paid):	
Court Case or Docket Number (if available):	
Explanation of the incident:	
SIGNATURE: _____	DATE: _____

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INSTRUCTIONS FOR OBTAINING FINGERPRINTS

This form must be submitted with your application packet.

Pursuant to the provisions in NRS 489.321 (1)(d) and NRS 489.341 (1)(d), all applicants are required to submit a complete set of fingerprints for the purpose of conducting a criminal background check. There are two ways to submit your fingerprints.

1. **Electronic Submittal** - To find a list of currently approved fingerprint agencies, go to the Department of Public Safety website at: http://gsd.nv.gov/FeesForms/Fingerprints/. Under "Fingerprint Information" (orange font heading), click on "Private Fingerprint Sites".

   This form must be signed by a representative of the fingerprint agency and submitted with your application packet.
   - ORI: NV920360Z
   - MISCELLANEOUS NO. MNU: 880142 *This is a non-billable account*
     The applicant must pay the fingerprinting agency directly.
   - REASON FINGERPRINTED:
     - NRS 489.321 - If applying for a Serviceperson, Dealer or Manufacturer's License
     - NRS 489.341 - If applying for a Salesperson or RME for a Dealer License

To be completed by the Fingerprint Agency

NAME OF FINGERPRINT AGENCY: _____

FINGERPRINTS OF _____ HAVE BEEN TAKEN AND SENT TO THE NEVADA CENTRAL REPOSITORY.

DATE: _____ TCN#: _____

SIGNATURE OF FINGERPRINT REPRESENTATIVE: _____

All applicants who do not reside in the State of Nevada or live in a rural area where a Department of Public Safety approved fingerprint agency is not available, you must obtain your fingerprints in the following manner:

2. **Manual Submittal** –Contact your local law enforcement agency to determine their fingerprinting fees and scheduling process. When submitting your application packet to the Manufactured Housing Division, include (2) FBI fingerprint cards *and* a cashier's check or money order, made payable to the Department of Public Safety (DPS), for **$36.25**. A personal check will not be accepted. Do not forget to sign the fingerprint card on the appropriate line in the upper left corner.

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CERTIFICATE OF EMPLOYMENT FOR A RESPONSIBLE MANAGING EMPLOYEE (RME) OR SALESPERSON

Please check the box that applies:

☐ NRS 489.341(1)(b) Hiring an RME or Salesperson who has not been previously licensed by the Division.

☐ NRS 489.305(2) Assigning an RME to a branch office.

☐ NRS 489.341(6) Transferring a license of an RME or Salesperson within 10 days of the employee leaving their previous employer. Include a $10 fee.

☐ NAC 489.360(1)(j) Reactivating a license of an RME or Salesperson from inactivate or suspended status prior to the expiration date of the license. Include a fee of $100,

Please note: When an RME or Salesperson is transferring to a new employer or the license is being reactivated, the employee may not act as an RME or Salesperson until the Division has received this form, along with the corresponding fee.

To be completed by the supervising licensee on record with the Division.

RME or Salesperson's Name: _____

Business Name: _____ MHD License #: _____

Address of Business: _____
(This is the location where the employee will be working)

_____
CITY STATE ZIP

Office Phone Number: _____

I, _____ of _____
PRINT – Licensee on record with MHD Business Name

certify that it is my present intent to employ the above named applicant and that if a license is issued I will exercise careful supervision over his/her activities while he/she is employed by me.

_____
Employer's Signature - Licensed Owner or Corporate Officer

_____
Date

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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

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FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Manufactured Housing Division that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada. 2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

> **16.34 - Procedure to obtain change, correction or updating of identification records.**
> If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Manufactured Housing Division, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

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6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT: LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Manufactured Housing Division

Address: 1830 E. College Parkway, Suite 120, Carson City, NV 89706

Agency Representative: Karen Fox

Agency Representative's Signature: _____

Date: _____

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EVIDENCE OF EXPERIENCE AND KNOWLEDGE

NAC 489.310 (2) An applicant may demonstrate his experience and knowledge by submitting to the Division:
(a) Evidence of his prior employment or other experience in the occupation for which the applicant wishes to obtain a license; or (b) Proof that he has completed not less than 30 semester hours in courses of study which are approved by the Division.

NRS 489.341 (1)(b) An applicant for a license as a responsible managing employee shall submit proof of 2 years experience within the previous 4 years in the business in which the applicant is seeking to be licensed as a responsible managing employee.

Please list your work history and/or any courses you have completed relative to the license that you are applying for.

Date From/To:	Name of Employer and Supervisor	Address and Phone of Employer
Detailed description of duties:		

Date From/To:	Name of Employer and Supervisor	Address and Phone of Employer
Detailed description of duties:		

Date From/To:	Name of Employer and Supervisor	Address and Phone of Employer
Detailed description of duties:		

OR

NAC 489.310(2)(b) ***or*** Proof that he has completed not less than 30 semester hours in courses of study which are approved by the Division.

Date From/To:	Completed courses relative to this license	Name of online source or name of school where class was taken:

Date From/To:	Completed courses relative to this license	Name of online source or name of school where class was taken: