



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

1535 Old Hot Springs Rd, Suite 60
Carson City, Nevada 89706
(775) 687-2060 • Fax: (775) 687-5521
www.mhd.state.nv.us

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, employers, present and past, tax agencies including IRS, to whom this request is presented, 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, 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 - This document will be compared to the criminal history reports we receive from the Nevada Criminal History Repository and the Federal Bureau of Investigation. Having been arrested or 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. However, if you misrepresent or omit an incident, your application may be denied. See NRS 489.381 and NRS 489.391(3).

As stated in NAC 489.350, any person who is denied a license may not apply for a new license until 12 months from the date of denial.

If you answer Yes to any of the following questions, you must submit on an additional sheet, full details, including the agency, court, title of the proceeding, disposition, and any other pertinent supporting documents related to the conviction(s).

Yes No

- 1. 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 or occupational license?
2. 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?
3. Have you ever been arrested or charged with a misdemeanor, gross misdemeanor, or felony?
4. Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony?
5. Have you ever been charged or 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?
6. Have you ever filed bankruptcy or has bankruptcy been filed against you? If yes, please provide the date of discharge. If filed within the past 7 years, please provide a copy of the discharge.

Are you a citizen of the United States of America? Yes No

If no, please provide proof of eligibility to work in the United States. Copies of Department of Immigration and Naturalization documents are accepted.

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

- NRS 489.305(2) All branch offices must be supervised by an RME.
- NRS 489.341(1)(b) Proof of employment when applying for an RME or Salesperson license.
- NRS 489.341(6) A new employer may transfer the license of an RME or Salesperson for a fee of \$10 if done within 10 days of the employee leaving his previous employer.
- NAC 489.360(1)(j) A new employer may activate the license of an RME or Salesperson from inactive or suspended status for a fee of \$100, before the license expiration date.

To be completed by the Corporate Officer, Partner, or RME who holds the company MHD license.

Salesperson or RME Name: _____

Employer's MHD License #: _____ Start date of new employee: _____

Business Name: _____

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

CITY STATE ZIP

Office Phone Number: _____

I, _____ of _____
(Name of Corporate Officer, Partner, or RME) (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/Title

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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CIVIL APPLICANT WAIVER FOR FINGERPRINTS SUBMISSION

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

1. 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 Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information 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. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated.
(Please initial) _____
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. 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.

Applicant's Name: _____
Print Name

Address: _____

Applicant'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:		

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

Pursuant to the provisions in the 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

For a list of authorized fingerprint agencies that electronically transmit fingerprints, go to: http://nvrepository.state.nv.us/Fingerprint/forms/fingerprint_sites.pdf

Fees may vary according to the authorized vendor you choose. The electronically submitted fingerprinting process usually takes 2 to 3 weeks.

Please relay the following information to the fingerprint agency:

- ORI: NV920360Z
- Account: 880142
- NRS 489.321 if applying for a Serviceperson, Dealer or Manufacturer's License
- NRS 489.341 if applying for a Salesperson or Dealer RME License

To be completed by the Fingerprint Agency

NAME OF FINGERPRINT AGENCY: _____

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

DATE: _____ TCN#: _____

SIGNATURE OF FINGERPRINT REPRESENTATIVE: _____

2. Manual Submittal

You may obtain two hard copy fingerprint cards and have your fingerprints taken for a fee, at any law enforcement agency. Submit both cards and a cashier's check or money order for \$37.50, made payable to the Department of Public Safety (DPS), with your application packet to the MHD Carson City office. A personal check will not be accepted. The hard copy fingerprint card process can take up to 4 to 6 weeks.

Please submit this form with your application packet.