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 Licensed MHD Specialty 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.	Authorization for Release of Confidential Information	NAC 489.310 (6)(m)
4.	Background Disclosure Statement	NRS 489.391
5.	Criminal History Disclosure Form (If applicable)	NRS 489.391
6.	Instructions for Obtaining Fingerprints Sent: Received:	NRS 489.341 (1)(d)
7.	Certificate of Employment	NRS 489.341 (1)(b)
8.	Certification of Knowledge of MH Construction and Safety Standards	NRS 489.351 (2)
9.	Child Support Statement	NRS 489.342
10.	Civil Applicant 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.	Copy of any similar license issued by another state (If applicable)	NAC 489.310 (10)
13.	Copy of your NSCB License listing you as the Qualified Individual	NAC 489.311 (2)

PERSONAL DATA: (Please print clearly)

Name: _____

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

Social Security #: _____ Home Phone: _____

Personal E-mail address: _____ Cell Phone: _____

Please list all of your Nevada State Contractors Board License Classifications:_____

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, 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. 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 are not certain of what is on your Criminal History Record, we recommend that you obtain a copy from the Federal Bureau of Investigation. www.federalbureauofinvestigation.com.

If you answer **Yes** to **any** of the following questions, you must submit the attached Criminal History Disclosure Form for each arrest, charge, and/or conviction.

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*** for a misdemeanor, gross misdemeanor, or felony?
☐	☐	4.	Have you ***ever*** been ***charged*** with a misdemeanor, gross misdemeanor, or felony?
☐	☐	5.	Have you ***ever*** been ***convicted*** of a misdemeanor, gross misdemeanor, or felony?
☐	☐	6.	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?
☐	☐	7.	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, 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)

_____

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CRIMINAL HISTORY DISCLOSURE FORM

Please complete one form for each arrest, charge, and conviction, regardless of when the crime was committed or whether it was dismissed or expunged. Attach all supporting documents related to the arrest, charge and conviction and complete all fields of this form.

FAILURE TO REPORT AN ARREST, CHARGE OR CONVICTION IS CONSIDERED FALSIFICATION OF THE APPLICATION AND MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

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:	

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INSTRUCTIONS FOR OBTAINING FINGERPRINTS

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**
   See attached list of fingerprint agencies. Fees may vary according to the authorized vendor you choose. This form must be signed by the fingerprint agency and then submitted with your application packet. The electronic submittal process can take up to 3 to 4 weeks.

   - 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 authorized 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 **$38.25**. A personal check will not be accepted. Do not forget to sign the fingerprint card on the appropriate line in the upper left corner. The hard copy manual fingerprint card submittal process can take up to 4 to 5 weeks.

Please submit this form with your application packet.

Privately Owned Fingerprint Agencies Known to General Services Division
UPDATED 01/16/2015

The following private fingerprint sites have met the technical security requirements to electronically transmit fingerprints to the Nevada Department of Public Safety via the approved Nevada Gateway (MorphoTrust Enrollment Services Division). This page is not an endorsement or certification of these businesses by DPS. "Caution" referrals from the following state agencies should visit the respective agency's website for a list of their authorized sites.

Nevada Gaming Control Board
Nevada Real Estate Division
Nevada Division of Insurance

Clark County

Accutest (ESD Partner site) – Las Vegas
9187 West Flamingo Ste #110
Las Vegas NV 89147
1-877-472-6916
www.accutestnv.com
Currently submitting electronically to DPS

American Fingerprint LLC
1201 S. Jones Blvd Ste 103
Las Vegas, NV 89146
702-822-1590
www.lasvegasfingerprinting.com
Currently submitting electronically to DPS

B&D Fingerprinting Services
800 N. Rainbow Blvd Executive Suite 175
Las Vegas NV 89107
702-485-5256
www.bdfingerprinting.com
Currently submitting electronically to DPS

Burton Studios
6235 S Pecos Rd Suite 107
Las Vegas NV 89120
702-456-9190
Currently submitting electronically to DPS

Express eLectronic Fingerprinting Services (ELFSNV)
Mobile fingerprinting by appt. only
702-856-6335
WWW.ELFSNV.COM
Currently submitting electronically to DPS

Fingerprinting Pros
2620 S Maryland Parkway Ste 17
Las Vegas NV
702-734-2665
www.fpproslv.com
Currently submitting electronically to DPS

Four Sisters DBA Mobile Fingerprinting Services
10733 Del Rudini St
Las Vegas NV 89141
702-436-5076 must make an appointment
mobilefingerprintinggov.com
Currently submitting electronically to DPS

Prints, Pics 'N' More
3510 E. Tropicana Ave Ste K
Las Vegas NV 89121
702-476-6900
Currently submitting electronically to DPS

Elko County

A-1 Alcohol & Drug Collection
1098 Lamoille Hwy Ste 5
Elko NV 89801
775-738-6973
Currently submitting electronically to DPS

Washoe County

Fingerprinting Express
1320 E Plumb Lane Ste A
Reno NV 89502
775-322-5587
www.FingerprintsReno.com
Currently submitting electronically to DPS

Martin Ross & Associates
350 South Rock Blvd #200
Reno NV 89502
775-336-4440 must make an appointment
www.martinrosssecurity.com
Currently submitting electronically to DPS

Quick Prints Inc
8670 Technology Way
Reno NV 89521
775-682-3535
Currently submitting electronically to DPS

The UPS Store #3120
10580 N. McCarran Blvd #115
Reno NV 89503
775-746-3988
Currently submitting electronically to DPS
www.theupsstorelocal.com/3120

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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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CERTIFICATION OF KNOWLEDGE AND UNDERSTANDING FOR A SPECIALTY SERVICEPERSON

NRS 489.351 Examination of applicant for license; waiver for specialty serviceperson in certain circumstances.

2. The Administrator may waive the examination required pursuant to subsection 1 for an applicant for a license as a specialty serviceperson if:
   (a) The applicant holds another valid license issued by this State; and
   (b) The services performed by the applicant pursuant to that license are substantially similar to the services to be performed by the applicant as a specialty serviceperson.

As an applicant for a Specialty Serviceperson License with the State of Nevada, Manufactured Housing Division, I certify that I understand and am knowledgeable of:

_____ 24 CFR part 3280 Manufactured Home Construction and Safety Standards
(Initial) http://www.access.gpo.gov/nara/cfr/waisidx_99/24cfr3280_99.html

_____The Nevada Revised Statues (NRS), Chapter 489
(Initial) http://www.leg.state.nv.us/nrs/NRS-489.html

_____The Nevada Administrative Code (NAC), Chapter 489
(Initial) http://www.leg.state.nv.us/NAC/NAC-489.html

_____The Nevada Manufactured Home, Mobile Home and Commercial Coach
(Initial) Installation Standards (Third Edition)
http://mhd.nv.gov/uploadedFiles/mhdnvgov/Content/Inspections/Installation_Standards.pdf

Name _____
(PRINT)

Name _____
(SIGNATURE)

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

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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)

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:		

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: