



DEPARTMENT OF BUSINESS AND INDUSTRY  
**MANUFACTURED HOUSING DIVISION**

1830 E. College Pkwy, Suite 120  
 Carson City, Nevada 89706  
 (775) 684-2945 • Fax: (775) 684-2949  
 mhd.nv.gov

**Renewal Application for a Salesperson**

To maintain an active license **all** of the following items **must be received by the Division** on or before the expiration date.

1.	This Renewal Application and Child Support Affidavit	NRS 489.342
2.	Fee of <b>\$175.00</b>	NRS 489.4971 NAC 489.360
3.	Proof of 8 hours of continuing education taken in the past 2 years. To review a list of approved classes go to: <a href="http://mhd.nv.gov/Content/Resources/Education/">http://mhd.nv.gov/Content/Resources/Education/</a>	NRS 489.323

If the **complete** renewal application is not received by the expiration date, the license is inactive and you must cease all business activities related to manufactured housing.

You may choose to have your license reinstated by submitting a **complete** renewal application, including a late renewal fee of \$225. If the **complete** renewal application to reinstate your license is not received within 30 days after the expiration date, you must retake and pass the applicable examination and submit a new application including the fees required for a new license.

**Working with an expired license is unlawful and may subject you, your business, and each individual licensee to disciplinary action by the Division.**

**Child Support Affidavit**

Pursuant to NRS 425 professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the person holding the license. All licenses issued by the Manufactured Housing Division are subject to this new requirement mandated by the federal government of all states including Nevada.

Please mark the appropriate response.

\_\_\_\_\_ 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.

Date: \_\_\_\_\_ Current Email Address: \_\_\_\_\_

MHD License #: \_\_\_\_\_ Current Contact Number: \_\_\_\_\_

Print Name of Licensee: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_