NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
www.nscb.nv.gov

Red bordered fields are required.

BANK VERIFICATION FORM

Name of Licensee/Applicant: _____

Date: _____

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. If the answer to any item is "none," please indicate same in the appropriate space. <u>After completion by you and your bank, submit this form with your application.</u>

1. **Name and address of bank:** _____
_____
_____

2. **Signatures of account holder(s):**

_____ _____
Signature Print Name

_____ _____
Signature Print Name

3. **Information to be verified:**

Type of Account	Account Name	Account Number

TO VERIFYING BANK: Please furnish the information requested below.

4. **Classification of Account:** ❑Individual ❑Corporation ❑Partnership ❑Limited Partnership ❑Limited Liability Company

5. **Deposit accounts of applicants:**

*Account Name	Type	*Account Number	*Current Balance	*Six (6) Month Average	*Date Opened

***Required Information**

6. **Verification of Lines of Credit:**

Line of Credit Account #	Type of Credit Line	Approved Amount	Current Balance	Available Amount	Payments Required	Secured by
					$ Per	
					$ Per	
					$ Per	

7. **Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)**

_____

_____

8. **Affix Bank Stamp or Business Card of Bank Representative**

9. **Name and Title:** _____
_____

10: **Date:** _____