



NEVADA STATE CONTRACTORS BOARD

5390 KIETZE LANE, SUITE 102, RENO, NEVADA, 89511 (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

Building Department Referral Form

HELP THE CONTRACTORS BOARD RESOLVE THIS MATTER, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE.

REPORTING AGENCY				CONTRACTOR INFORMATION			
Agency Name				Contractor's Name			
Address (Number & Street)				DBA			
City	County	State	Zip Code	Address (Number & Street)			
Contact Person				City	State	Zip Code	
Phone	E-mail Address			License No. (if known)	Employees <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____		
PROJECT INFORMATION							
OWNER OF CONSTRUCTION SITE				CONSTRUCTION SITE ADDRESS			
Address (Number & Street)				Address (Number & Street)			
City	State	Zip Code		City	State	Zip Code	
Type of Work							
NATURE OF REFERRAL							
<input type="checkbox"/> Unlicensed Activity <input type="checkbox"/> Contracting With An Inactive, Revoked, Suspended, or Expired License <input type="checkbox"/> No Workers' Compensation Insurance <input type="checkbox"/> Building Code Violations <input type="checkbox"/> Other _____ <input type="checkbox"/> Date(s) of Occurrence(s) _____							
ADDITIONAL INFORMATION							
Comments							
To expedite the NSCB's investigation, please provide as much information as possible. Attach a business card, copy of the permit application, city or county business license, etc. Return the completed form and attachments to the nearest office of the Nevada State Contractors Board at the addresses listed above.							

Submitted By: _____ Date: _____

FOR OFFICIAL USE ONLY

LICENSE NUMBER:	DATE RECEIVED:	FILE NUMBER:
CORRECT NAME OF CONTRACTOR:		
Disposition	Date Closed (Mo/Day/Year)	