



# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## Request for Verification of Licensure

### APPLICANT INFORMATION

**INSTRUCTION TO APPLICANT:** Complete the Applicant Information portion of this request. Give the form to the appropriate agency. The verifying agency will mail the completed verification to you at the address you have listed. Include the completed form with your application.

Applicant Business Name \_\_\_\_\_

Full Legal Name of Qualifier \_\_\_\_\_ | \_\_\_\_\_  
*First Middle Last Date of Birth*

Mailing Address \_\_\_\_\_  
*Street/P O Box City State/Zip*

License Number \_\_\_\_\_ State \_\_\_\_\_

I authorize you to release, to the State of Nevada, all information pertaining to the above license number.

Signature \_\_\_\_\_

### NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

### LICENSE INFORMATION

**TO VERIFYING STATE:** Please furnish the information requested. Sign and verify the document. Place the completed form in an envelope, seal the envelope, and provide it to the applicant either in person or by mail.

Business Name \_\_\_\_\_

Name of Qualified Person \_\_\_\_\_ Date Added to License \_\_\_\_\_

Classification of License Issued: (code and description) \_\_\_\_\_

License Number \_\_\_\_\_ Current Status \_\_\_\_\_

Original Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Continuously Licensed?  Yes  No. If no, please explain \_\_\_\_\_

Licensed by:  Exam. Type \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Endorsement from the State of: \_\_\_\_\_

Waiver. Please state basis of waiver: \_\_\_\_\_

Experience Required for Licensure \_\_\_\_\_

Is there a record of disciplinary action or pending disciplinary action against this license?

No  Yes. If yes, please attach a copy of the action.

Name of Verifying Official \_\_\_\_\_  
*Print Name Signature*

Title \_\_\_\_\_

{Agency Seal}

Agency \_\_\_\_\_

Date \_\_\_\_\_