



NEVADA STATE CONTRACTORS' BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
4220 SO. MARYLAND PKWY, BLDG D, STE 800, LAS VEGAS, NEVADA, 89119, (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
Web Site: www.state.nv.us/hscb

OUT - OF - STATE LICENSE VERIFICATION FORM

Applicant Name _____
Company Name _____
Street Address _____
City _____
State _____ Zip _____

INSTRUCTION TO APPLICANT FOR VERIFICATION

Insert your name and address, and complete the top 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.

I am requesting licensure in the State of Nevada as a _____.

I am/have been licensed in the State of _____ issued under the company name of _____.
My Social Security # is _____.

I authorize you to release to the Nevada State Contractors' Board all information pertaining to license number: _____

Print Name of Applicant

Signature of Applicant

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

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.

Company Name _____

Type of License (Classification) _____

Original Date of Issue _____ License Number _____

Amount of Limit (If any) _____ Amount of Bond (If any) _____

Any record of suspensions, revocations, other disciplinary actions, or current complaints? _____, If yes, please provide

Current Status of License: _____ If not Active, Reason: _____

Name of Qualifying Individual & Title _____

Licensed by: Waiver of Exam (Basis of Waiver): _____

Successful Completion of Exam - Specify Type: _____

Endorsement from the State of: _____

Other Personnel Listed & Titles _____

AGENCY SEAL

SIGNATURE _____ **TITLE** _____