

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
(702) 486-4033 / realest@red.nv.gov / <http://red.nv.gov/>

TIMESHARE LICENSE
CHECKLIST AND APPLICATION

The filing of this application does not authorize the applicant to conduct any activity for which a license is required. Involvement in any such activity before any license is issued maybe grounds for denial of the license, subsequent suspension, or revocation of a license.

Prior to submitting this application, be sure each question has been completely and honestly answered. This application must be completed personally. Fees are non-refundable.

- ☐ **APPLICATION and FEES:** Residents and non-residents 18 years or older, may apply with a complete application form 519.
- ☐ **FINGERPRINT BACKGROUND WAIVER:** Your fingerprint background waiver must be completed, signed and dated *prior to* obtaining your fingerprints.
- ☐ **FINGERPRINTS:** Attach verification of prints taken electronically by an approved vendor. The approved vendor list is located on the NRED website, see [Form 619](#). Fingerprints expire after six (6) months.
- ☐ **EDUCATION:** Provide a copy of the 14-hour timeshare course certificate issued by an approved provider. A list of providers is available on the Division's website under forms ([Form 502](#)).
- ☐ **EXAM:** For exam scheduling, contact Pearson VUE testing service: <http://www.pearsonvue.com/nv/realestate/>, or call: (888) 248-8055.
- ☐ **FEE:** **\$215.00** license fee.
- ☐ **BACKGROUND INVESTIGATION REPORT:** Attach a copy of the background investigative report performed by the timeshare project, project broker, broker, Developer, or resale company.

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ORIGINAL TIMESHARE SALES AGENT APPLICATION
(NRS 119A.210)

Fee: \$215.00

Only information deemed by law to be confidential shall be confidential (SSN, exam results, background investigation results). Most information provided by an applicant for licensure is public information and must be provided upon request. By policy, the Real Estate Division shall post via the web site lists which include the licensee's name, business address (even if same as home address), and business telephone number.

PROVISIONAL LICENSE NUMBER:

FULL LICENSE NUMBER:

1. FULL NAME:

Date of Birth:

Last 4 of Social Security Number or Individual Taxpayer ID:

Legal Residence Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Home Phone:

2. OTHER NAMES:

Have you ever used any other name(s) other than the one given above? ☐ Yes ☐ No

If yes, provide name(s):

Maiden:

Married:

Other:

3. OCCUPATIONS: List names and addresses of your past three (3) years of employment including your present employer, stating each kind and nature of business, vocation, or employment in which you were engaged. To account for any lapse in employment indicate either retired, school, housewife, etc.

a. Employer Name or Unemployed:

Occupation:

From

to

Address (City, State):

b. Employer Name or Unemployed:

Occupation:

From

to

Address (City, State):

c. Employer Name or Unemployed:

Occupation:

From

to

Address (City, State):

Division Only

Receipt Number:

Date:

Initials:

FP Sent Date:

Received Date – FBI:

State:

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4. **RESIDENCES:** List all addresses where you have resided for the past three (3) years, accounting for the entire period. Set forth the exact period of time, giving month, day and year that you resided at each address. If additional spaces are needed, attach a typewritten or printed schedule

a. **Number and Street:**

City: _____ State: _____ Zip Code: _____
From _____ to _____

b. **Number and Street:**

City: _____ State: _____ Zip Code: _____
From _____ to _____

c. **Number and Street:**

City: _____ State: _____ Zip Code: _____
From _____ to _____

5. **OTHER LICENSES:** Have you ever been issued any type of license, certification, or permit including Real Estate and/or Time Share, by a state agency or public authority in Nevada or any other state? ☐ Yes ☐ No

If yes, supply the following information:

a. License Number:	Type:	Issue Date:	Expiration Date:
b. License Number:	Type:	Issue Date:	Expiration Date:

6. **CRIMINAL HISTORY AND OTHER INFORMATION:** If your answer to any of the questions listed below is YES, please attach the order of the court or agency which was rendered as a result of the proceedings. Provide full details, including the administrative agency, court, title of the proceeding, disposition and any other pertinent information on an attached sheet.

- | | |
|---|--|
| a. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been denied, suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Has a surety company declined to be surety on any bond written on you in the two years prior to the date of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Have you <u>ever</u> been convicted of a felony, gross misdemeanor, or misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you <u>ever</u> been convicted of, or are you under indictment for or have you entered a plea of guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you presently on parole or probation or paying any restitution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Have you ever filed bankruptcy or has bankruptcy been filed against you? If filed within 7 years from the date of this application, please provide a copy of the discharge.
Date of discharge: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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7. CHILD SUPPORT: PURSUANT TO NRS 119A.263, your application for the issuance of this license will be denied if you do not indicate which of the provisions apply to you.

- ☐ 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 that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.
- ☐ I **am** subject to a court order for the support of one or more children and **NOT IN COMPLIANCE** with that order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed in that order.

8. DECLARATION: Signature of applicant (NRS 53.045)

I, (print name) _____, hereby, under penalty of perjury, declare that the answers contained in this application are true and correct; and I understand:

- That if I am subject to a court order for support of one or more children and I am not in compliance with that order or plan my application for license, certification or renewal of a license or certification will be denied;
- That I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of real estate licensees in the State of Nevada;
- That by signing this application I authorize any person or institution to which reference is made by me in connection with the application to release or divulge to the Real Estate Division any information in the possession of such person or institution regarding me.

Signature of Applicant: _____

Date: _____

(Leave Section 8 blank for applicants affiliating with a timeshare resale company.)

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Nevada Real Estate Division
STATEMENT OF DEVELOPER

9. I, _____, an officer of the developer, hereby certify that, (print the name of the applicant) _____, there herein named Time Share Sales Agent applicant, has completed the required 14 hours of instruction in ethics, the applicable laws and regulations relating to time shares, principles and practices of selling Time-shares, and NRS and NAC 119A. Further, that he/she bears a good reputation for honesty, trustworthiness and competency, and I hereby recommend that a license be granted to the applicant.

Timeshare Project Company Name

Address (Location where applicant will conduct business)

City _____ *State* _____ *Zip Code* _____

Mailing Address (if applicable)

City _____ *State* _____ *Zip Code* _____

Developer Company Name

Broker's Real Estate Company Name

Broker's Real Estate License Number

Name of Licensed Real Estate Broker (Print)

Signature of Real Estate Broker

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10. The Real Estate or Project Broker (Broker) of record for the Company:

Address/Location:

Timeshare project or timeshare resale company hereby acknowledges that he/she personally knows the applicant, (print name of Applicant) _____, and that the Broker has reviewed all of the information on the timeshare agent application, with the applicant, and that to the best of his/her knowledge the applicant has not made any false statements of material fact or any omissions of material fact. Broker further acknowledges that if applicant has made any material misrepresentation or omission in the foregoing application, applicant's license issued pursuant to the referenced application will be invalidated. Specifically, broker acknowledges that:

- (1) a report on the background of the applicant has been obtained from a licensed private investigator or other reputable source acceptable to the Division;
- (2) he/she is satisfied that the applicant has a reputation for honesty, trustworthiness and competence; and
- (3) that, there is a written agreement between the broker and the applicant in which applicant states the he understands and agrees that his employment in a position as a provisional sales agent will be terminated if the Division denies his application. Broker acknowledges that a FBI background investigation will be conducted by the Division.

Signature of Broker:

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS 353C.1965

All applicants MUST complete this section. Please select ONE option.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.
- My Nevada business license number is: _____
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- ☐ I do NOT have a Nevada business license number.

The Real Estate Division is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>.

ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Nevada Real Estate Division** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada Real Estate Division (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

Applicant's Signature: _____

Date: _____

Agency Account #:

880131

Agency Representative: _____

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____