

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
REAL ESTATE DIVISION**

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 \* (702) 486-4033  
e-mail: [realest@red.nv.gov](mailto:realest@red.nv.gov) \* <http://red.nv.gov>

**COMMUNITY MANAGER and PROVISIONAL  
COMMUNITY MANAGER CERTIFICATION  
CHECKLIST AND APPLICATION**

- APPLICATION:** Residents and non-residents 18 years or older, may apply with a completed application Form 559, delivered by mail or in person, to the Nevada Real Estate Division at the location address listed above. Attach the documents listed below to the application with a fee of **\$300.00**. Payments may be made by check, money order, cashier's check, cash in exact change, or credit cards for in person transactions. Please make checks payable to the Nevada Real Estate Division or NRED.
- FINGERPRINTS:** Submit the original fingerprint verification form issued by an approved fingerprint vendor. (Obtain [Form 619](#) for Nevada approved vendors).
- EDUCATION:** An applicant must have successfully completed at least 60 hours of instruction in courses in the management of a common-interest community that have been approved by the CIC Commission. Provide a copy of a transcript or school certification.
- EXPERIENCE:** Experience is required for a full Community Manager Certification (*Provisional Community Managers – experience is not required*). Submit the completed Service Verification Form located on page six, document 8.
- EXAM:** For exam scheduling, contact Pearson VUE testing service: <http://www.pearsonvue.com/nv/realestate/>, or call: (888) 248-8055.
- FINGERPRINT BACKGROUND WAIVER:** Complete the Nevada Department of Public Safety waiver form attached to the application.

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**COMMUNITY MANAGER APPLICATION**

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 and provide licensee lists which include the licensee's name, business address (even if same as home address), and business telephone number.

Fee: \$300.00

Date:

Application For (Please check one box):     Provisional Community Manager     Community Manager

ARE YOU A NEVADA RESIDENT? Yes  No

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**1. APPLICANT INFORMATION:**

First Name:

Middle Name:

Last Name:

Residence Street Address:

City:

State:

Zip Code:

Phone Number:

Cell Number:

Email Address:

Last 4 of Social Security or Individual Taxpayer ID:

Date of Birth:

Mailing Address (if different from Residence Address):

City:

State:

Zip Code:

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**2. BUSINESS AFFILIATION:**

Business Name (if applicable):

Business Street Address:

City:

State:

Zip Code:

Business Mailing Address:

City:

State:

Zip Code:

Business Phone Number:

Business Email:

For Provisional Community Manager Applicants, business name and address must be the same as that of the Supervising Community Manager's certification.

**DIVISION USE ONLY:**

Receipt Number:

Date:

Initials:

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**3. OCCUPATION:** 10 years consecutive required. Please indicate unemployment dates if applicable. Attach additional sheets if needed.

Occupation	Company	City, State	From (MM/DD/YY)	To (MM/DD/YY)

**4. BACKGROUND:** Check the appropriate box. Errors must be initialed. If you answer YES to any question listed below, you are required to attach the order of the court or agency which was rendered as a result of the proceedings. On a separate sheet provide full details, including the administrative agency, court, title of the proceeding, disposition and any other pertinent information. Attach all information to this application.

- |                                                                                                                                                                                                                                                                                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <p><b>a.</b> 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?</p>                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>b.</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 suspended or revoked, or the application for a license been denied?</p>                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>c.</b> Has a surety company declined to be surety on any bond written on you in the two years prior to the date of the application?</p>                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>d.</b> 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.</p> <p><b>Date of Discharge:</b></p>                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>e.</b> Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?</p>                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>f.</b> Are you presently on parole or probation or paying any restitution?</p>                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>g.</b> Have you ever 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?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**5. CHILD SUPPORT DECLARATION (CHOOSE ONLY ONE STATEMENT)**

Please indicate in the appropriate box below which one of the provisions apply to you. Your application for the issuance of this license will be DENIED if you do not complete this section.

- 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.

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**6. APPLICANT DECLARATION**

I hereby state under penalty of perjury that the answers contained in this application are true and correct, 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 certified Community Managers in the State of Nevada, that by signing this application, 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. I, by signing and filing this application, authorize any person or institute, to whom 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.

I, \_\_\_\_\_, State that I am the applicant named, that I have personally prepared the foregoing application, and that the statements made by me in this application are true under penalty of perjury.

*Signature of Applicant:*

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**7. SUPERVISING COMMUNITY MANAGER**

Please complete this form **for a Provisional Community Manager applicant only.**

**Name of Business** (*Company name where certificate holder conducts his/her business*):

**Location Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Location Mailing Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Phone Number:**

***ACKNOWLEDGEMENT: Supervisor Acknowledgement of Intent to Employ***

*This is to verify that I, \_\_\_\_\_, am a duly certified Community Manager on active status and registered with the Nevada Real Estate Division of the Department of Business and Industry. It is my present intent to employ with me the within named Provisional Community Manager: \_\_\_\_\_ . I will exercise careful supervision over his/her community management activities while he/she is associated with or employed by me.*

*Print Name of Supervising Community Manager*

*Signature of Supervising Community Manager*

**Nevada Certificate Number:**

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**8. SERVICE VERIFICATION FORM**

**Name of Applicant:**

**Company (Firm) Name where applicant performed the services contained herein:**

**Phone Number:**

**Company Physical Street Address:**

**City:**

**State:**

**Zip Code:**

**Position applicant held while performing the duties described below:**

**Dates of active full-time service. Please provide full dates (mm/dd/yy):      From:                      To:**

Please initial those services which the applicant for a Nevada Community Manager certification assisted or performed for a common-interest community:

Financial Management of an association.

Property and facilities management.

Specific duties relating to the management of a common-interest community as provided in the 116 Chapter.

Governance of an association.

Preparation of association related reports and correspondence.

Building a sense of community within an association.

**Initials**

**Please provide the total number of hours to applicant provided in the areas initialed above:                      Hours**

By signing below, under the penalty of perjury, I hereby certify that the statements made herein are true and correct.

Print Name:

Signature:

Date:

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE  
Pursuant to NRS 116A.435**

**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/>.

<b>ARE YOU A VETERAN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by **the 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. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. 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.

5. I hereby authorize **the Nevada Real Estate Division** (*name of requesting agency*) (*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.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. 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

ADDRESS: \_\_\_\_\_  
*PLEASE PRINT*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: **Nevada Real Estate Division**

Address: **3300 West Sahara Avenue #350**

**Las Vegas, NV 89102**

Agency Representative: \_\_\_\_\_  
*PLEASE PRINT* Last Name First Name Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_