

# Nevada State Board of Architecture, Interior Design and Residential Design

2080 East Flamingo Road, Suite 120, Las Vegas NV 89119 Telephone: (702)486-7300 Fax: (702)486-7304 E-mail: nsbaidrd@nsbaidrd.nv.gov Web: nsbaidrd.org

#### **REGISTRATION / RENEWAL**

NAME (last, first middle)				
REGISTRATION NO.	EXPIRATION DATE	DATE OF BIRTH		
(1) BUSINESS NAME & ADDRESS (street, city, state zip)				
(2) HOME ADDRESS (P.O. Box not accept	otable)			
BUSINESS TELEPHONE	НОМЕ	TELEPHONE		
E-MAIL ADDRESS	SOCIA	AL SECURITY NO.		
Which address/telephone should be used for m	ailing correspondence and given to the po	ublic: (1) Business	(2) Home	
Please indicate how you are practicing <b>in</b> 1. Independently				
2. In a board approved partnership, corpo	oration or LLC			
3. In any other board approved firm name	<u> </u>			
4. Employed by:				
If you checked number 2 or 3 above, you must include on a separate sheet of paper the applicable information including a list of all officers, directors, stockholders and the number of shares held by each: partners, members, managing members and persons associated with you under the above name; their percentage of ownership of the business entity; their Nevada registration numbers if they are registrants and who "controls" the company as per NRS 623.349.				
First-time registration (Reg. No. higher than 7372, 226-ID and 339-RD)  Personal hardship (If applicable, request for Continuing Education Exemption Form by September 30 of each year)  PROFESSIONAL STATISTICS REPORT  If you answer "Yes" to any questions, list jurisdictions and an explanation on a separate sheet of paper. Failure to answer any of the following questions is grounds for denial of your application for the registration/renewal of your certificate.				
<ol> <li>I have allowed registration to lapse (if yes, a</li> <li>(a) List jurisdiction(s) and registration(s)</li> <li>(b) Was disciplinary action pending or three</li> </ol>	·	Yes No		
2. My registration has been revoked, suspend	ed ordenied.	Yes No		
3. I have been arrested or convicted of a felon	y or misdemeanor involving fraud.	Yes No		
4. I have entered into a stipulation or settlemed (one-time notification t	ent agreement with a registration board. o this board is required per occurrence)	Yes No		
5. I have been found by a court or registration conduct of my practice.		Yes No		
6. I am a defendant in a lawsuit or proceeding.		Yes No		
7. Are you currently subject to a court order or enforcing amounts owed under a court ord		☐ Yes ☐ No		
(a) If yes, are you currently in compliance v	with the court order and/or plan?	Yes No		
I do hereby verify that the preceding informat foregoing statements are true and correct in e cause to have my registration revoked or denie	very respect. I do realize that a fraudule			
Signature		Date		



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## REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE Pursuant to NRS 622.240

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

Name (last, first middle)		
Regist	ration No Firm Name	
	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 **Nevada State Board of Architecture, Interior Design and Residential Design** 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 <a href="http://nvsos.gov/">http://nvsos.gov/</a>.



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Name (last, f	irst middle)
Registration l	No Expiration Date
Nevada. If	or enacted Executive Order 2014-20 directing the Board to gather all data on veterans in any of these questions apply to you, please complete and return this form to fice by <b>December 31, 2017.</b>
1.	Have you ever served in the military? ☐ Yes ☐ No
	Branch(es) of Service? (Check all that apply)
	<ul> <li>□ Army/Army Reserve</li> <li>□ Marine Corps/Marine Corps Reserve</li> <li>□ Navy/Navy Reserve</li> <li>□ Air Force/Air Force Reserve</li> <li>□ Coast Guard/Coast Guard Reserve</li> <li>□ National Guard</li> </ul>
2.	Military Occupation Specialty/Specialties?
3.	Date(s) of Service: From (DD-MM-YYYY) to (DD-MM-YYYY)