



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 acceptable) _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NO. _____

Which address/telephone should be used for mailing correspondence and given to the public: (1) Business (2) Home

Please indicate how you are practicing in Nevada:

- 1. Independently _____
- 2. In a board approved partnership, corporation or LLC _____
- 3. In any other board approved firm name _____
- 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.

CONTINUING EDUCATION

By checking the box to the right, I certify that I am in compliance with the continuing education requirements for the current registration period as required by the Rules and Regulations of the Nevada Board.

- I am exempt** from the continuing education requirement pursuant to NAC 623.638:
- First-time registration (Reg. No. higher than 6763, 194-ID and 313-P)
- Personal hardship (If applicable, board form must be received 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.

- 1. I have allowed registration to lapse (if yes, answer a-b below). Yes No
 - (a) List jurisdiction(s) and registration(s) _____
 - (b) Was disciplinary action pending or threatened? _____
- 2. My registration has been revoked, suspended or denied. Yes No
- 3. I have been arrested or convicted of a felony or misdemeanor involving fraud. Yes No
- 4. I have entered into a stipulation or settlement agreement with a registration board. Yes No
 (one-time notification to this board is required per occurrence)
- 5. I have been found by a court or registration board to have violated the law in the 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 a plan approved by a public agency enforcing amounts owed under a court order for the support of a child? Yes No
 - (a) If yes, are you currently in compliance with the court order and/or plan? Yes No

I do hereby verify that the preceding information is correct. I have read the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect. I do realize that a fraudulent statement in this registration/renewal form is probable cause to have my registration revoked or denied.

Signature _____ Date _____