



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION**

2501 East Sahara Avenue #204 *Las Vegas NV 89104-4137* (702) 486-4590
1535 Old Hot Springs Road #60 *Carson City NV 89701* (775) 687-2060
540 Court Street *Elko NV 89801* (775) 738-6601
mhlicens@mhd.state.nv.us <http://www.mhd.state.nv.us>

CERTIFICATION OF EMPLOYMENT

(To be completed by the licensed Responsible Managing Employee, Corporate Officer, Partner or Owner)

EMPLOYEE'S NAME _____

LICENSE TYPE _____ **TRANSFER: \$10** _____ **REACTIVATION: \$100** _____
Salesman or RME

LAST DATE OF EMPLOYMENT OR UNEMPLOYMENT _____

EMPLOYER'S DBA NAME _____

(DBA) MHD LICENSE # _____

EMPLOYER'S ADDRESS _____
(This is where the employee will work) Number and Street

_____ City State Zip

BUSINESS PHONE NUMBER _____

BUSINESS FAX NUMBER _____

I, _____ of _____
Name and Title Name of Business

I certify that it is my present intent to employ the above named applicant and that if a license is issued I will exercise careful supervision over his/her activities while he/she is employed by me.

Employer's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

Notary Public seal or stamp: