



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

2501 E. Sahara Avenue, Suite 204

Las Vegas, Nevada 89104

(702) 486-4135 • Fax: (702) 486-4309

nmhd@mhd.state.nv.us

**DEALER, GENERAL SERVICEPERSON, SPECIALTY SERVICEPERSON
AND MANUFACTURER'S LOST LICENSE AFFIDAVIT**

STATE OF _____

Fee \$50.00

COUNTY OF _____

I, (We) _____
Doing Business As _____

Do hereby certify that license number _____ has been lost or stolen
License Number
from our place of business which is located at:

Location/Street Address City

Mailing Address City

Enforcement action will be taken against anyone using or in possession of the above license.
If this license is either found or turned into your firm, return the license to this Division for
destruction.

Date _____

Print Name _____

Signature _____

Title _____

Subscribed and sworn to before me this _____ day of _____

20____.

Notary Public