



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](mailto:nmhd@mhd.state.nv.us)

**SALESPERSON AND RESPONSIBLE MANAGING EMPLOYEE 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