



## 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 7051, 205-ID and 325-RD)
- 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 My registration has been revoked, suspended or denied.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.  
 (one-time notification to this board is required per occurrence)  Yes  No
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 \_\_\_\_\_



**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.state.nv.us

**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) \_\_\_\_\_

Registration No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

- 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 <http://nvsos.gov/>



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Registration No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

*The Governor enacted Executive Order 2014-20 directing the Board to gather all data on veterans in Nevada. If any of these questions apply to you, please complete and return this form to the Board office by **December 31, 2015.***

1. **Have you ever served in the military?**  Yes  No

**Branch(es) of Service?** (Check all that apply)

- Army/Army Reserve
- Marine Corps/Marine Corps Reserve
- Navy/Navy Reserve
- Air Force/Air Force Reserve
- Coast Guard/Coast Guard Reserve
- National Guard

2. **Military Occupation Specialty/Specialties?**

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3. **Date(s) of Service:** From (DD-MM-YYYY) to (DD-MM-YYYY)

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