

APPLICATION FOR AFFILIATE STAFF (HOME INSPECTORS)



Greater Las Vegas Association of REALTORS®
1750 E. Sahara Ave, Las Vegas, NV 89104 702-784-5000
www.LasVegasRealtor.com

PLEASE PROVIDE A COPY OF YOUR ACTIVE HOME INSPECTORS LICENSE

Mr. Mrs. Ms.: \_\_\_\_\_ License #: \_\_\_\_\_
(Please type or print clearly)

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail Preference: [ ] Home or [ ] Office

Residence Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phones: Cellular \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Page: \_\_\_\_\_

Home Inspection Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I agree to comply with the Display Key Sub-Lease Agreement, Policies, fees and all applicable Fines, local, state and federal laws and regulations governing duties and responsibilities of home inspector licensee.

I hereby certify that the named Affiliate Staff is affiliated with my office. I further certify that the information contained herein is accurate and factual to the best of my knowledge.

ACCEPTED AND AGREED:

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\_\_\_\_\_  
AFFILIATE STAFF

\_\_\_\_\_  
AFFILIATE MEMBER

Date signed \_\_\_\_\_ 20\_\_\_\_

Date signed \_\_\_\_\_ 20\_\_\_\_

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FOR OFFICE USE ONLY

Agent # \_\_\_\_\_ License #: \_\_\_\_\_

Date Joined Firm: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ Firm #: \_\_\_\_\_

Office Code \_\_\_\_\_ Staff: \_\_\_\_\_