

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:

ACCEPTED AND AGREED:

AFFILIATE STAFF

AFFILIATE MEMBER

Date signed _____ 20____

Date signed _____ 20____

FOR OFFICE USE ONLY

Agent # _____ License #: _____

Date Joined Firm: _____ \ _____ \ _____ Firm #: _____

Office Code _____ Staff: _____