



# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## REQUEST TO VOLUNTARILY SURRENDER A LICENSE

**The license(s) cannot be reinstated**

License Number(s): \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Use name as it currently appears on the records of the NSCB)

Principal Place of Business: (Is this a new address?  No  Yes)

Physical Address: \_\_\_\_\_  
Street Address City County State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City County State Zip Code

Phone No.: ( ) Facsimile No.: ( )

Email Address: \_\_\_\_\_

- Are there now any unpaid past due bills for either material, services rendered, or labor for work performed in the State of Nevada?  
 No  Yes - attach a detailed explanation.
- Are there any liens or stop notices for labor or materials filed on any of your work in the State of Nevada?  
 No  Yes - attach a detailed explanation.
- Are there any bids, contracts, or incomplete projects pending in the State of Nevada at this time?  
 No  Yes - attach list.
- Are you surrendering this license upon issuance of a new license?  
 No  Yes – Do you have an application pending?  Yes

**NOTE:** Make sure this request is properly signed:

**Sole Proprietorship** - Must **PERSONALLY** sign this request.

**General Partnership** - **EACH PARTNER** must sign this request.

**Limited Partnership** – **EACH GENERAL PARTNER** must sign this request.

**\*Corporation** - An **OFFICER** of the corporation must sign this request.

**\*Limited Liability Company** - A **MEMBER OR MANAGER** must sign this request.

**FOR OFFICIAL USE ONLY**

VS Application No: \_\_\_\_\_

Org. No: \_\_\_\_\_

Pending New App No: \_\_\_\_\_

Analyst: \_\_\_\_\_

I certify under penalty of perjury that I am authorized to surrender this license.

By: \_\_\_\_\_  
(Signature) (Print Name) (Title)

By: \_\_\_\_\_  
(Signature) (Print Name) (Title)