# NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
www.nscb.state.nv.us

Red bordered fields are required.

## BANK VERIFICATION FORM

**Name of Licensee/Applicant**: _____

Date: _____

**Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. If the answer to any item is "none," please indicate same in the appropriate space. After completion by you and your bank, submit this form with your application.**

1. **Name and address of bank:** _____
   _____
   _____

2. **Signatures of account holder(s):**

_____ _____
Signature Print Name

_____ _____
Signature Print Name

3. **Information to be verified:**

| Type of Account | Account Name | Account Number |
|---|---|---|
| | | |
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**TO VERIFYING BANK: Please furnish the information requested below.**

4. **Classification of Account:** ❑Individual ❑Corporation ❑Partnership ❑Limited Partnership ❑Limited Liability Company

5. **Deposit accounts of applicants:**

| *Account Name | Type | *Account Number | *Current Balance | *Six (6) Month Average | *Date Opened |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

***Required Information**

6. **Verification of Lines of Credit:**

| Line of Credit Account # | Type of Credit Line | Approved Amount | Current Balance | Available Amount | Payments Required | Secured by |
|---|---|---|---|---|---|---|
| | | | | | $ Per | |
| | | | | | $ Per | |
| | | | | | $ Per | |

7. **Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)**

_____

_____

8. **Affix Bank Stamp or Business Card of Bank Representative**

9. **Name and Title:** _____
   _____

10: **Date:** _____