

## **NEVADA STATE CONTRACTORS BOARD**

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150 8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110

www.nscb.nv.gov

## **DISASSOCIATION OF A QUALIFIED INDIVIDUAL**

This form may be used to notify the Nevada State Contractors Board that a qualified individual or qualified employee is no longer associated to a license.

Pursuant to NRS 624.285 if the licensee fails to notify the Board within the **10-day** period the license must be automatically suspended. The license must be reinstated upon the replacement of the person originally qualified by another natural person similarly qualified and approved by the Board.

If the licensee fails to replace the person originally qualified within the 30-day period, the license  $\underline{is}$  subject to suspension.

## PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION 1		
Name Of Business Disassociating from:	License #(s):	
Name of Individual Disassociating:		
Phone Number:		
Date of Disassociation:		
SECTION 2		
		T
Authorized Signature:	Print Name:	Date: