



NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

Change of Address Form (Business/Individual)

Date _____

What address is being updated? Business or Individual (provide name below)

What address needs to be updated (check as that apply):

Physical Address Mailing Address Phone/Fax # Email

For Business Address Updates:

License Number(s): _____

Company Name(s): _____

For Individual Address Updates:

Individual's name: _____

New Physical Business Address: _____

(No PO Box for Physical address) Street Number and Street Name

City

State

Zip Code

New Mailing Address: _____

Street Number and Street Name

City

State

Zip Code

New Phone #: _____ New Fax #: _____

New Email: _____

Signature: _____

(Signature of current Principal listed on license)

Print Name of Signer: _____

Title: _____

Business addresses will typically be updated within 24 business hours. You may check the Board's website at www.nscb.nv.gov or by calling one of the offices of the Board.

