

Contracting Without a License

NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 | (775) 688-1141 | FAX: (775) 688-1271 | INVESTIGATIONS (775) 688-1150 8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA 89113 | (702) 486-1100 | FAX: (702) 486-1190 | INVESTIGATIONS (702) 486-1160 www.nscb.nv.gov

CRIMINAL COMPLAINT

CHECKLIST AND INSTRUCTIONS

Contracting Without a License (NRS 624.700) | Unlawful Advertising (NRS 624.720)

Please carefully review and complete the appropriate checklist below **BEFORE** submitting your Criminal Complaint Form. To ensure prompt processing of your complaint, **it is critical that ALL required information** and supporting documentation are included. **Incomplete submissions will be returned** and you will be required to resubmit the entire complaint with all the necessary materials. Submitting a complete and accurate complaint helps the Nevada State Contractors Board take timely and appropriate action.

BEFORE SUBMITTING YOUR CLAIM, please ensure the following checklist is completed:

1. Completed Criminal Complaint Form (pages 3 – 4): YES NO 2. Investigatory Statement of Fact (Complainant's Statement) YES NO (page 5): 3. Consent for Electronic Service (page 6): YES NO 4. Copy of Signed Contract, Bids and/or Proposals, Invoices: YES NO 5. Proof of Payment(s): YES NO e.g.: Copies of cancelled checks; credit card statement(s); relevant bank statements (MUST show Complainant's name, banking institution and date of payment); screenshots or records from all payment apps such as Zelle, CashApp, ApplePay, etc. 6. Photographic Evidence: YES NO N/A (Note: Please include date and timestamped photos) If you answered **NO** to any of the above questions, please explain:

Reminder: All required documentation must be submitted in full. Failure to do so may result in processing delays or the need to resubmit the entire complaint package.



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Unlawful Advertising

1. Completed Criminal Complaint Form (pages 3 – 4):	YES	NO	
Investigatory Statement of Fact (Complainant's Statem (page 5)	nent): YES	NO	
3. Consent for Electronic Service (page 6):	YES	NO	
4. Direct links to websites where advertising was found:	YES	NO	
5. Screenshots of the advertisement(s):	YES	NO	
6. Photographic evidence of unlawful advertising: (Note: Please include date and timestamped photos)	YES	NO	
If you answered NO to any of the above questions, please expla	ain:		

Reminder: All required documentation must be submitted in full. Failure to do so may result in processing delays or the need to resubmit the entire complaint package.

Important Notes:

- Retain copies of all documents for your records.
- The NSCB may request additional documents during the investigation.
- Complaints must be filed within the statutory time limits under NRS 624.301 624.310.

For questions or additional information, please contact the Nevada State Contractors Board. You can also find us on the internet at: www.nscb.nv.gov.

Please submit your completed complaint to:

Northern Nevada Office: 5390 Kietzke Lane, Suite 102 Reno, Nevada 89511 Investigations: (775) 688-1150

Fax: (775) 688-1271

investigations@nscb.state.nv.us

Southern Nevada Office: 8400 West Sunset Road, Suite 150 Las Vegas, Nevada 89113 Investigations: (702) 486-1160

Fax: (702) 486-1190

investigations@nscb.state.nv.us



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NORTHERN NEVADA OFFICE

5390 Kietzke Lane, Suite 102 Reno, Nevada 89511 Ph: (775) 688-1141 Fax: (775) 688-1271

SOUTHERN NEVADA OFFICE

8400 West Sunset Road, Suite 150 Las Vegas, Nevada 89113 Ph: (702) 486-1100 Fax: (702) 486-1190

FOR NSCB USE ONLY
Date Received:
Case File No:

CRIMINAL COMPLAINT FORM

I,, hereby make the following voluntary statement. No threats or promises have been made to persuade me to make this statement and I understand any statement I make may be used as evidence by any Court of Law.									
ON OR ABOUT	(Date)	, I	ENTERED INTO	V A C	/RITTEN or	VERBAL (CONTRACT/AG	REEMENT WIT	H:
INDIVIDUAL'S N	IAME:				COMPANY NAI	ME:			
ADDRESS:									
CITY, STATE, Z	IP CODE:								
PHONE NO.:					EMAIL ADDRE	SS:			
CONTRACT AM	OUNT:		DID YOU PAY YES	THE ABOVE NO	PERSON OR CO	MPANY?	AMOUNT PA	ID:	
HOW PAID?	CHECK	CASH	CREDIT C	ARD	PAYMENT APP.	(e.g., Zelle, Cast	hApp, ApplePay, e	etc.)	
DESCRIBE BRIEFLY THE TYPE OF WORK TO BE PERFORMED:									
ADDRESS WHERE THE WORK WAS PERFORMED:									
DID THE PERSON OR COMPANY YOU CONTRACTED WITH INDICATE TO YOU, EITHER VERBALLY OR IN WRITING, THAT THEY WERE A LICENSED CONTRACTOR? YES NO									
DID THE CONTRACTOR PROVIDE ANY FORM OF IDENTIFICATION?									
DRIVER'S LICENSE SOCIAL SECURITY CARD BUSINESS CARD OTHER: YOUR BEST DESCRIPTION OF INDIVIDUAL:									
			YOUR BES	SI DESCRIPT	ION OF INDIVIDU	UAL:			
AGE: HEIGHT:				AMERIC ASIAN	CAN INDIAN OR A	ALASKA NATIV	Έ		MALE
WEIGHT: HAIR COLOR: EYE COLOR:			ETHNICITY:	HISPAN	OR AFRICAN-AN NIC E HAWAIIAN OR (IC ISLANDER	SEX:	FEMALE



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WHY DID YOU CHOOSE THIS CONTRACTOR?	REGULAR CUSTO	MER DOOR-TO-D	OOR SOLICITATION	REFERRAL	
ADVERTISEMENT (attach copy of ad, if pos	ssible) OTHER:				
п	IS VERY IMPORTANT THI	IS SECTION IS COMPLETE	ED!		
COMPLAINANT'S NAME:					
ADDRESS:					
ABSALOO.					
CITY, STATE, ZIP CODE:		EMAIL ADDRESS:			
HOME PHONE NO.:	OME PHONE NO.: CELL PHONE NO.:		WORK PHONE NO.: (Extension)		
The Nevada Administrative Code (NAC) 624.72: perpetrated against a Senior Citizen, age 60 or		ent in the assessment of fil	nes, if a fine is assessed	, and the violation is	
Are you age 60 or older? YES	NO				
	PLEAS	E READ			
a) Engage in the business or act b) Submit a bid on a job situated combination of persons is exer A Criminal Complaint request to this agency must Limitations (two (2) years from the time of the alleg NRS 171.090: Limitations for Gross and Simple Except as provided in NRS 171.095, an indictment 1. A gross misdemeanor must be 2. Any other misdemeanor must This agency generally requires a minimum of sixty (agency (City Attorney, District Attorney, etc.) for protein the intent of this request is to have the unlicensed I attest that I have read and understand the	within this State, without ha mpted from licensure pursual be received to allow sufficed violation). Misdemeanors for: forcular found, or an information or be found, or an information or be found, or an information or be found, or an information prosecuted for Engagement of the investigation of the in	eving an active license therefant to NRS 624.031 ient time for processing by complaint filed, within two (or complaint filed, within two n and preparation of a Criminal complaint filed).	all agencies prior to the e 2) years after the commiss b (2) years after its commiss hal Complaint for submitta	expiration of the Statute of sion of the offense. ssion.	
Signature (Required for Processing)		Date			
Please attach a detaile	d written statement reg	arding the circumstand	es of hire on next pag	ge.	



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INVESTIGATORY STATEMENT OF FACT

If additional space is required, please use additional sheets.

DATE:	TIME: CASI		CASE NO.: (for NSCB	SE NO.: (for NSCB use only)	
HOMEOWNER / WITNESS:	l				
ADDRESS:					
CITY, STATE, ZIP CODE:					
PHONE NO.:		COMPANY NAME: (if appli	icable)		
This statement is true and correct to the bes	st of my knowledge.				
Signature:			Page	_ of	

Nevada State Contractors Board Criminal Complaint Form



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CONSENT FOR ELECTRONIC (EMAIL) SERVICE

In order to help expedite business conducted with the NSCB, I agree to accept **ALL** documentation, including but not limited to: Meeting Notices; Document Requests; Notices of Contested Matters; Service of Administrative Citations; Service of Administrative Fines; Service of Notice of Disciplinary Hearings; Service of Summary Suspension; Service of Notice of Recovery Fund Claims; Service of Cease and Desist Orders; and any other correspondence, communications and/or documents via email in accord with NAC 624.7266(3).

Please return this form with your complaint to NSCB Investigations at investigations@nscb.state.nv.us.
Your attention and cooperation to this matter is greatly appreciated.

By signing this form, I hereby consent to email service as described herein.

Printed Name	Title (if applicable)		
Company Name (if applicable)	Office Phone Number (if applicable)		
Email Address	Cell Phone Number		
Signature	 Date		