



**Nevada Department of Taxation**  
**Application for Contractor/Independent Contractor**

Return this form to:  
 Division of Local Government Services  
 3850 Arrowhead Dr., 2nd Floor  
 Carson City, Nevada 89706

**Please Print or Type:**

**1. PURSUANT TO NAC 361.561, CERTIFICATION MUST BE RENEWED ANNUALLY – FILL IN INFORMATION IN THE BOX BELOW**

NAME				TITLE		
MAILING ADDRESS (STREET ADDRESS OR PO BOX)				EMAIL ADDRESS		
CITY	STATE	ZIP CODE	DAYTIME PHONE ( )	ALTERNATE PHONE ( )	FAX NUMBER ( )	

I have met the certification and continuing education for this renewal period. Yes  No

**2. PURSUANT TO NRS 361.2224, CHILD SUPPORT STATMENT – PLEASE MARK THE APPROPRIATE RESPONSE (Failure to do so will result in denial of appraiser certification.)**

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Social Security Number

**3. PURSUANT TO NRS 361.2227, BUSINESS LICENSE**

Do you have a state business license? Yes  No

If yes, what is your state business license number? \_\_\_\_\_

**4. CONTRACTOR WORK WILL BE CONDUCTED IN – CHECK ALL THAT APPLY (If another county is contracted with after the submission of this application, the Department must be notified in writing with the signature of the sponsoring tax agency.)**

- |                                      |                                     |                                    |
|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Churchill  | <input type="checkbox"/> Clark     |
| <input type="checkbox"/> Douglas     | <input type="checkbox"/> Elko       | <input type="checkbox"/> Esmeralda |
| <input type="checkbox"/> Eureka      | <input type="checkbox"/> Humboldt   | <input type="checkbox"/> Lander    |
| <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Lyon       | <input type="checkbox"/> Mineral   |
| <input type="checkbox"/> Nye         | <input type="checkbox"/> Pershing   | <input type="checkbox"/> Storey    |
| <input type="checkbox"/> Washoe      | <input type="checkbox"/> White Pine |                                    |

**5. SIGNATURES**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**6. VERIFICATION OF EMPLOYMENT – TO BE COMPLETED BY HIRING AUTHORITY(S) (No work can be performed in county(s) without authorization signature.)**

**By my signature below, I verify the applicant is currently an appraiser of the sponsoring tax agency and date of employment are true and correct.**

▶ _____ <i>Hiring Authority Representative (Assessor)</i>	_____ <i>County</i>	_____ <i>Date</i>
_____ <i>Contact Phone Number</i>	_____ <i>Date of Contract</i>	
▶ _____ <i>Hiring Authority Representative (Assessor)</i>	_____ <i>County</i>	_____ <i>Date</i>
_____ <i>Contact Phone Number</i>	_____ <i>Date of Contract</i>	
▶ _____ <i>Hiring Authority Representative (Assessor)</i>	_____ <i>County</i>	_____ <i>Date</i>
_____ <i>Contact Phone Number</i>	_____ <i>Date of Contract</i>	
▶ _____ <i>Hiring Authority Representative (Assessor)</i>	_____ <i>County</i>	_____ <i>Date</i>
_____ <i>Contact Phone Number</i>	_____ <i>Date of Contract</i>	

<b>For Department Use Only</b>		
_____ <i>CONTRACT BEGINNING DATE</i>	_____ <i>CONTRACT ENDING DATE</i>	_____ <i>DATE CERTIFICATION WAS SENT TO APPLICANT</i>
<b>Verified by:</b>		
▶ _____ <i>Division of Local Government Services</i>	_____ <i>Title</i>	_____ <i>Date</i>