



Nevada Department of Taxation
Request for Continuing Education Credit or Addition to Transcript

Return this form to:
Division of Local Government Services
1550 College Parkway
Carson City, Nevada 89706

Please Print or Type:

CONTACT INFORMATION

NAME OF REQUESTOR				TITLE	
NAME OF EMPLOYER					
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

COURSE(S) YOU WANT ADDED TO YOUR TRANSCRIPT - ATTACH A LIST IF THERE IS NOT ENOUGH SPACE BELOW. (If you don't know what is already on your transcript, please call the department for a copy.)

COURSE TITLE AND NUMBER	NUMBER OF PROPOSED CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE AND NUMBER	NUMBER OF PROPOSED CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE AND NUMBER	NUMBER OF PROPOSED CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE AND NUMBER	NUMBER OF PROPOSED CREDIT HOURS
COURSE PROVIDER	DATE TAKEN

PLEASE ATTACH THE CERTIFICATE OF COMPLETION (If the certificate of completion is not attached or previously provided to the Department, your request cannot be granted.)

Have you ever taken this course before? Yes No
If yes, which course and when? _____

SIGNATURE

Requestor Signature (Use Blue Ink) _____ Date _____

For Department Use Only

NUMBER OF CREDIT HOURS GRANTED	NUMBER OF CREDIT HOURS APPEARING ON TRANSCRIPT	MILESTONE APPLIED TO:	TOTAL CE'S FOR THIS MILESTONE	REASON FOR DENIAL OF CREDIT, IF ANY

Verified by:

Division of Local Government Services _____ Title _____ Date _____