



**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 PO BOX)				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE ( )	ALTERNATE PHONE ( )	FAX NUMBER ( )

**COURSE(S) YOU WANT ADDED TO YOUR TRANSCRIPT (If there is not enough space below, please attach a list.)**

COURSE TITLE	CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE	CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE	CREDIT HOURS
COURSE PROVIDER	DATE TAKEN
COURSE TITLE	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 \_\_\_\_\_ Date \_\_\_\_\_

**For Department Use Only**

NUMBER OF CREDIT HOURS GRANTED	NUMBER OF CREDIT HOURS APPEARING ON TRANSCRIPT	MILESTONE APPLIED TO	TOTAL HOURS FOR THIS MILESTONE

**Verified by:**

Division of Local Government Services \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_