



NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

BANK VERIFICATION FORM

Name of Licensee/Applicant: _____

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. After completion by you and your bank, submit this form with your application.

1. Name and address of bank: _____

2. Signatures of account holder(s):

Signature Print Name

Signature Print Name

3. Information to be verified:

Type of Account	Account Name	Account Number

TO VERIFYING BANK: Please furnish the information requested below.

4. Classification of Account: Individual Corporation Partnership
 Limited Partnership Limited Liability Company

5. Deposit accounts of applicants:

*Account Name	Type	*Account Number	*Current Balance	*Six (6) Month Average	*Date Opened

*Required Information

6. Verification of Lines of Credit:

Line of Credit Account #	Type of Credit Line	Date Opened	Approved Amount	Current Balance	Payments Required	Secured by
					\$ Per	
					\$ Per	

7. Additional information that may be of assistance in determination of credit worthiness:

8. Affix Bank Stamp or Business Card of Bank Representative here

9. Name and Title of Bank Representative

10: Date: _____