



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
 8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
 www.nscb.nv.gov

## Building Department Referral Form

HELP THE CONTRACTORS BOARD RESOLVE THIS MATTER, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE.

REPORTING AGENCY		CONTRACTOR INFORMATION	
Agency Name		Contractor's Name	
Address (Number & Street)		DBA	
City	County	State	Zip Code
Contact Person		Address (Number & Street)	
Phone	E-mail Address	City	State
		License No. (if known)	Zip Code
			Employees <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____
PROJECT INFORMATION			
OWNER OF CONSTRUCTION SITE		CONSTRUCTION SITE ADDRESS	
Address (Number & Street)		Address (Number & Street)	
City	State	Zip Code	City
			State
			Zip Code
Type of Work			
NATURE OF REFERRAL			
<input type="checkbox"/> Unlicensed Activity <input type="checkbox"/> Contracting With An Inactive, Revoked, Suspended, or Expired License <input type="checkbox"/> No Workers' Compensation Insurance <input type="checkbox"/> Building Code Violations <input type="checkbox"/> Other _____ <input type="checkbox"/> Date(s) of Occurrence(s) _____			
ADDITIONAL INFORMATION			
Comments			
To expedite the NSCB's investigation, please provide as much information as possible. Attach a business card, copy of the permit application, city or county business license, etc. Return the completed form and attachments to the nearest office of the Nevada State Contractors Board at the addresses listed above.			

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

LICENSE NUMBER:	DATE RECEIVED:	FILE NUMBER:
CORRECT NAME OF CONTRACTOR:		
Disposition	Date Closed (Mo/Day/Year)	