



NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

REQUEST TO VOLUNTARILY SURRENDER A LICENSE The license(s) cannot be reinstated

License Number(s): _____

Business Name: _____
(Use name as it currently appears on the records of the NSCB)

Principal Place of Business: (Is this a new address? No Yes)

Physical Address: _____
Street Address City County State Zip Code

Mailing Address: _____
Street Address or P.O. Box City County State Zip Code

Phone No.: () Facsimile No.: ()

Email Address: _____

- Are there now any unpaid past due bills for either material, services rendered, or labor for work performed in the State of Nevada?
 No Yes - attach a detailed explanation.
- Are there any liens or stop notices for labor or materials filed on any of your work in the State of Nevada?
 No Yes - attach a detailed explanation.
- Are there any bids, contracts, or incomplete projects pending in the State of Nevada at this time?
 No Yes - attach list.
- Are you surrendering this license upon issuance of a new license?
 No Yes – Do you have an application pending? Yes

NOTE: Make sure this request is properly signed:

Sole Proprietorship - Must **PERSONALLY** sign this request.

General Partnership - **EACH PARTNER** must sign this request.

Limited Partnership – **EACH GENERAL PARTNER** must sign this request.

***Corporation** - An **OFFICER** of the corporation must sign this request.

***Limited Liability Company** - A **MEMBER OR MANAGER** must sign this request.

FOR OFFICIAL USE ONLY	
VS Application #:	_____
Org No #:	_____
Pending New App #:	_____
Analyst :	_____

I certify under penalty of perjury that I am authorized to surrender this license.

By: _____
(Signature) (Date) (Print Name) (Title)

By: _____
(Signature) (Date) (Print Name) (Title)