

Nevada Department of Business and Industry
Division of Industrial Relations
Occupational Safety and Health Administration

* **DO NOT WRITE IN THIS SPACE**
* FOR SECTION USE ONLY:
*
* License No. _____
* Expiration Date: _____
* * * * *

Southern District Office
1301 N. Green Valley Pkwy.
Suite 200
Henderson, NV 89074
Phone: 702-486-9020
FAX: 702-990-0360

Northern District Office
4600 Kietzke Lane
Building F, Suite 153
Reno, NV 89502
Phone: 775-824-4600
FAX: 775-688-1378

APPLICATION FOR PHOTOVOLTAIC INSTALLER LICENSE

PLEASE PRINT OR TYPE **Initial** **Renewal**

1. **Name of Applicant:** _____

Date of Birth: _____ Social Security No. _____

Home Mailing Address:

Street/Apt. or P. O. Box: _____

City: _____ State: _____ Zip: _____

Area code & Phone Number: _____

2. **Name of Current Employer:** _____

3. **If you are a contractor, submit:** a copy of the license of the appropriate classification by the **State Contractors Board**.

4. **Proof of Testing:** INCLUDE a copy of certification of successful completion of an **approved test** for Photovoltaic Installer.

5. **License Fees:** INCLUDE a license fee of \$25.00, by check or money order made payable to **Division of Industrial Relations**.

6. **Read and sign the following statement:**

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with all requirements pursuant to Chapter 618 of Nevada Revised Statutes.

Signature of Applicant

Date

Federal Welfare reform as implemented by the 1997 Session of the Legislature by SB356 requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewals. Please answer the following questions in order for your application to be processed.

CHILD SUPPORT INFORMATION

Please make the appropriate response (failure to mark **one** of the three will result in denial of the application)

- I am **NOT** subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

Applicant's Social Security Number: _____

Signature of Applicant

Date