

**STATE OF NEVADA DEPARTMENT OF ADMINISTRATION**

**WORKERS' COMPENSATION LICENSE APPLICATION**

**APPLICATION FEE REQUIRED: \$78.00**

1. \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE (OR INITIAL)

2. \_\_\_\_\_  
EMPLOYER NAME, STREET ADDRESS, CITY, STATE, ZIP CODE

\_\_\_\_\_  
EMPLOYER MAILING ADDRESS (IF DIFFERENT) BUSINESS TELEPHONE

3. \_\_\_\_\_  
RESIDENCE ADDRESS, CITY, STATE, ZIP HOME TELEPHONE

4. \_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NO. BIRTHPLACE/CITY, STATE

5. TYPE OF LICENSE REQUESTED (CHECK ONE)  
CORPORATION SOLE PROPRIETORSHIP  
INDIVIDUAL PARTNERSHIP

6. ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED IN ANY CAPACITY BY  
**ANY STATE** DEPARTMENT OF INSURANCE? Yes No

IF YES, LIST THE TYPE OF LICENSE AND DATES YOU HELD THAT LICENSE:

TYPE OF LICENSE LICENSE NUMBER DATE

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7. **PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK 1 OF THE 3 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 I 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 the repayment of the amount owed pursuant to the order.

8. DO YOU NOW OR HAVE YOU **EVER HELD** ANY LICENSE ISSUED BY ANY OTHER DEPARTMENT, DIVISION, OR ENTITY OF THE STATE OF NEVADA?

TYPE

ENTITY

NUMBER

DATE

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9. A. Has any license applied for or issued to you by any public authority ever been denied, suspended or revoked?

YES

NO

B. Have you ever been arrested, charged or convicted of a felony?

YES

NO

C. Have you ever been arrested, charged or convicted of a misdemeanor (other than that of a traffic violation)?

YES

NO

D. Have you ever been permitted to change a plea of guilty after conviction or had a verdict vacated?

YES NO

E. Have you ever received an Executive Pardon?

YES NO

F. Have you ever pleaded "nolo contendere" to any charges?

YES NO

G. Have you ever been refused a bond by any company?

YES NO

H. Has any bond been canceled for cause?

YES NO

***ANY "YES" ANSWER ON QUESTION #9 A-H REQUIRES A SEPARATE DETAILED EXPLANATION/STATEMENT. Include all dates, locations, basis of charges and legal documentation indicating the final disposition of the matter.***

10. EDUCATION:

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HIGH SCHOOL	DATE	DIPLOMA
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UNDERGRADUATE SCHOOL	DATE	DEGREE
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GRADUATE SCHOOL	DATE	DEGREE
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11. LIST RESIDENCE ADDRESSES FOR THE PAST 5 YEARS:

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12. LIST YOUR ACTUAL WORKERS' COMPENSATION REPRESENTATION EXPERIENCE OVER THE PAST 5 YEARS (include number of hours):

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**\* \* \* CERTIFICATION \* \* \***

***I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief. I also hereby agree to the disclosure and release of any information pertinent to this application held by any person or educational, law enforcement, governmental or business entity.***

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
ORIGINAL SIGNATURE OF APPLICANT

SUBSCRIBED TO AND SWORN BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)