



NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
 2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
 www.nscb.state.nv.us

Building Department Referral Form

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

Reporting Agency		Contractor Information	
Agency Name		Contractors Name	
Address (Number & Street)		DBA	
City	County	State	Zip Code
Address (Number & Street)		Address (Number & Street)	
Contact Person		City	State
Phone	E-mail Address	Zip code	
		License No. Used, If Any	Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?
PROJECT INFORMATION			
<u>OWNER OF CONSTRUCTION SITE</u>		<u>CONSTRUCTION SITE ADDRESS</u>	
Address (Number & Street)		Address (Number & Street)	
City	State	Zip code	City
Type of Work		Zip	
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 <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 Office Use Only

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