



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	
Contact Person				Address (Number & Street)			
Phone		E-mail Address		City		State	
				License No. Used, If Any		Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	
PROJECT INFORMATION							
OWNER OF CONSTRUCTION SITE				CONSTRUCTION SITE ADDRESS			
Address (Number & Street)				Address (Number & Street)			
City		State		Zip code		City	
						Zip	
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 <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)