

Jim Gibbons
Governor

STATE OF NEVADA

James E. Campos
Commissioner
Nevada Consumer Affairs Division

Mendy K. Elliott
Director
Department of Business and Industry



DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA CONSUMER AFFAIRS DIVISION
OFFICE OF THE COMMISSIONER

DATE RECEIVED: _____

REGISTRATION # 200 - _____
EXPIRATION DATE: _____

SELLERS OF TRAVEL APPLICATION

* **PLEASE RETURN THIS APPLICATION TO:**
NEVADA CONSUMER AFFAIRS DIVISION
1850 East Sahara Avenue, Suite 101
Las Vegas, Nevada 89104

NEW _____
RENEWAL _____
CHANGE OF INFO _____

PURSUANT TO THE PROVISIONS OF NEVADA REVISED STATUTES (NRS) CHAPTER 598, ALL SELLERS OF TRAVEL BUSINESS OWNERS MUST REGISTER WITH THE NEVADA CONSUMER AFFAIRS DIVISION, PAY A **\$25 REGISTRATION FEE** AND A **\$100 RECOVERY FUND FEE TO THE DIVISION**. PLEASE COMPLETE THIS REGISTRATION APPLICATION IN ITS ENTIRETY. RETURN IT, TOGETHER WITH A CHECK FOR **\$125 (REGISTRATION AND RECOVERY FUND FEES) PAYABLE TO THE NEVADA CONSUMER AFFAIRS DIVISION**, ALONG WITH THE SECURITY INSTRUMENT, IF APPLICABLE WITHIN TEN (10) DAYS OF RECEIPT OF THE APPLICATION.

IMPORTANT NOTICE:

Your Registration expires on the anniversary date of the issuance of the Registration Certificate by the Nevada Consumer Affairs Division. Applications for **RENEWAL** of a Registration Certificate **MUST BE RECEIVED ON OR BEFORE THE EXPIRATION DATE. THERE IS NO GRACE PERIOD.** If there is a material change to the information provided on this Registration Application subsequent to the issuance of the Registration Certificate, the Applicant must complete and return a Registration Change Form within ten (10) days of the date the Applicant receives knowledge of the change **along with a \$25 PROCESSING fee.**

* **IT IS ILLEGAL TO OPERATE A TRAVEL BUSINESS IN NEVADA WITHOUT THE PROPER**

Las Vegas: 1850 E. Sahara Avenue, Suite 101 • Las Vegas, Nevada 89104 • Telephone (702) 486-7355 • Fax (702) 486-7371 • Toll Free (800) 326-5202

Reno: 4600 Kietzke Lane • Building B, Suite 113 • Reno, Nevada 89502 • Telephone (775) 688-1800 • Fax (775) 688-1803 • Toll Free (800) 326-5202

Website: www.fyiconsumer.org • E-mail: ncad@fyiconsumer.org

REGISTRATION, A BUSINESS LICENSE AND ADHERING TO THE ADVERTISING REQUIREMENTS.

If additional space is required to answer any question in this Registration Application, please provide the information on a separate 8 1/2 x 11 blank sheet of paper, indicating the number of the question being continued.

THIS APPLICATION FORM MUST BE TYPED OR PRINTED IN INK

1. NAME OF SELLER OF TRAVEL:

(A) BUSINESS APPLICANT:

(BUSINESS OWNER)

Business Name and Address:

Owner Name and Address:

Phone: () _____

Phone: () _____

Social Security No/Tax ID #: _____

Registered (ARC) Host Agency Name and Address:

Phone: () _____

2. PLEASE DESCRIBE EXACTLY WHAT SERVICES YOU OR YOUR BUSINESS PROVIDE TO YOUR CLIENTS:

3. SECURITY REQUIREMENT COMPLIANCE /EXEMPTION:

Please indicate the type of security being provided:

___ Corporate Surety Bond ___ Irrevocable Letter of Credit ___ Certificate of Deposit

Document No. _____

Issued By: _____

Sellers of Travel Application
Nevada Consumer Affairs Division

Registration No:
Expiration Date:

IF YOU HAVE ESTABLISHED A TRUST ACCOUNT, PLEASE PROVIDE ACCOUNT NUMBER AND COPY OF RECEIPT FROM FINANCIAL INSTITUTIONS.

ACCOUNT NUMBER:

IF YOU ARE CLAIMING AN EXEMPTION TO THE SECURITY REQUIREMENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

ARC NUMBER:

- SUPPORTING DOCUMENTATION MUST BE ATTACHED FOR AN EXEMPTION.

Affiliate Business Name and Address :

Affiliate Business Owner's Name and Address :

Phone: () _____

Phone: () _____

4. AFFILIATED WITH YOUR AGENCY:

Number of Affiliates: _____

Please attach a complete listing of the affiliates included in the above totals.

5. I (WE), THE UNDERSIGNED DO HEREBY AFFIRM , CERTIFY, OR SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE, UNDER PENALTY OF PERJURY.

Dated: _____

By: _____
Applicant's Printed Name

Applicant's Printed Name

.....
Applicant's Signature

.....
Applicant's Signature

NOTARY PUBLIC

SUBSCRIBED AND SWORN BEFORE ME ON THIS ___ DAY OF _____ IN THE YEAR OF 200__.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE
AFFIX SEAL:

APPLICATION CHECK LIST

ALL APPLICATIONS WILL BE RETURNED IF THEY DO NOT CONTAIN THE FOLLOWING INFORMATION AND SUPPORTING DOCUMENTS:

- ___ 1. Completed business owner application.
- ___ 2. Notarized affiliate list including business name, owner and social security number.
- ___ 3. ONE CHECK TOTALING \$125.00 PAYABLE TO THE NEVADA CONSUMER AFFAIRS DIVISION.
- ___ 4. Copy of ARC appointment letter if applicable.
- ___ 5. Original signed and completed security instrument (CD, LOC, or Bond).
- ___ 6. Supporting documentation must include a copy of the ARC Appointment Letter and an affiliate letter on letterhead indicating that the agent is exempt due to their affiliation with the ARC Appointed Agency.
- ___ 7. The ARC Appointed Agency which is providing the exemption for an affiliate, must also register with the Division.
- ___ 8. Supporting documentation for Trust Account (void check/deposit slip).

IMPORTANT NOTICE:

THERE IS NO RENEWAL GRACE PERIOD IN NEVADA.

BUSINESS OWNERS ARE RESPONSIBLE FOR MAINTAINING A CURRENT REGISTRATION AND SURETY REQUIREMENTS, DISPLAYING THE REGISTRATION CERTIFICATE AND CONSUMER RECOVERY FUND NOTICE CONSPICUOUSLY AT EACH PLACE OF BUSINESS AND ON WEB SITES. A FAILURE TO DO SO, WILL RESULT IN A FIRST OFFENSE FINE OF \$100 AND A \$250 SUBSEQUENT FINE AND POSSIBLE FURTHER LEGAL ACTIONS.

YOUR NEVADA SELLER OF TRAVEL REGISTRATION CERTIFICATE NUMBER MUST APPEAR ON ALL ADVERTISING DOCUMENTS INCLUDING WEB SITES.

PURSUANT TO NRS 598.367, THE CONSUMER RECOVERY FUND NOTICE MUST APPEAR ON YOUR WEB SITE.

IF THERE IS A MATERIAL CHANGE TO THE INFORMATION PROVIDED ON THIS REGISTRATION APPLICATION SUBSEQUENT TO THE ISSUANCE OF THE REGISTRATION CERTIFICATE, THE APPLICANT MUST COMPLETE AND RETURN A REGISTRATION CHANGE FORM WITHIN TEN (10) DAYS OF THE DATE THE APPLICANT RECEIVES KNOWLEDGE OF THE CHANGE ALONG WITH A \$25 CHANGE OF APPLICATION FEE.

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