

Applicant's Name (printed or typed)

Applicant's Signature

STATE OF NEVADA FINANCIAL INSTITUTIONS DIVISION DEPARTMENT OF BUSINESS AND INDUSTRY ATTN: APPLICATION PROCESSING

1830 E COLLEGE PKWY, STE 100 CARSON CITY, NV 89706

Phone: (775) 684-2970 Fax: (775) 684-2977 http://www.fid.state.nv.us

Documents Received On			

Please send response to the Carson City office.

CHILD SUPPORT INFORMATION FORM

required to complete this Child Support Statement and return it with your application. Failure to submit a fully ted and signed current Child Support Statement will result in the application for licensing being denied. (NRS
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.
I am subject to a court order for the support of one or more children and am not in compliance with the order of 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.

Applicant's Social Security Number

Child Support 09/11	Page 1 of 1

Date