

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

RESIDENTIAL RECOVERY FUND CLAIM

In accordance with Nevada Revised Statutes (NRS) 624.400-624.550 and Nevada Administrative Code (NAC) 624.730 to 624.770 inclusive, a homeowner may file a claim with the Nevada State Contractors Board (NSCB) Residential Recovery Fund for recovery of damages incurred by the failure of a residential contractor to perform Qualified Services adequately. Qualified Services means any construction, remodeling, repair or improvement performed by a residential contractor on a single-family residence occupied by the owner of the residence.

FOR NSCB USE ONLY: RECOVERY FUND CLAIM NUMBER:	NSCB COMPLAINT F	ILE NUMBER:		
4. Former would be true and an unimbed in inte	INSTRUCTIONS			
Forms must be typed or printed in ink.				
2. Attach the original completed, and signed Reside	ential Recovery Fund Claim.			
3. Attach the original completed, signed and notariz	red verification form.			
4. Include a copy of your original construction contri	act plus any addendums or change orde	ers.		
 Include documents that verify payment(s) made of executed lien release waivers; bank records of payment. 		ose of escrow settle	ment;	
CLAIM FILED AGAINST: Contractor's Company Name				-
License Number Business Phone:	Home Phone	Home Phone:		
Contractor's Address:	04			_
Street Address CLAIM FILED BY: Claimant's Name	City	State	Zip	_
Mailing Address:Street Address	City	State	Zip	
Telephone No(s):	•		r	
Address/Location where work was performed:				
Date Work Began New Consti	ruction Project? Yes No R	emodel Project? Ye	es No	
Contract Date (Attach writ	ten contract) Do you own and occupy th	ne Residence? Yes	No	
Contract Amount: <u>\$</u> Paid in full? YesN	lo Balance Due: <u>\$</u> Amou	nt of loss you are cl	aiming <u>\$</u>	
Date contractor last performed work on the defective	e item(s) claimed: Date co	ntractor abandoned	project	
Statement of facts relating to your claim about the C Specify in detail the nature of this claim	contractor's inadequate performance of	qualified services: (use separate sheet(s) if	necessary):
Nevada State Contractors Board Claim for Reimbursement from the Residential Recc	overy Fund Page 1 of 3			

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bond, filed a claim in an estate proceeding, sued the contractor or made insurance claims).						
List any sources for reimbursement of loss, such as insurance:						
If another contractor has been hired to correct the inadequate construction, please provide the following information: Name of contractor						
Amount of money that has been paid to the new contractor:						
Names, addresses and telephone numbers of any other persons who can provide additional information concerning this claim:						
FURTHERMORE, CLAIMANT AGREES: Claimant represents that the act (s) listed above, occurred while the above-named Contractor was properly licensed as a contractor in the State of Nevada to do the type of work he performed. (Scope of work and within the monetary limit on his license)						
Claimant represents that, other than the above-said contract, that Claimant has, at no time, been in a business relationship with, nor been a partner, associate, spouse or other immediate family member, of the above-named contractor.						
Claimant agrees to cooperate in the investigation of this claim and in any related disciplinary proceedings against the above-named contractor. Before any payment can be received from the Residential Recovery Fund, the Claimant must sign and deliver to the State Contractors Board, an agreement whereby the State Contractors Board is subrogated to the rights of the Claimant plus any costs incurred by the State Contractors Board in recovering that amount from the contractor or his/her estate, personal representatives, assigns or successors in interest.						
The Claimant understands and agrees that: (a) Any reimbursement of loss from the Recovery Fund is at the sole discretion of the Board and not a matter of right. No person has any right to a reimbursement from the fund as a third-party beneficiary or otherwise, either before or after allowance of a claim.						
(b) Any false representation by the Claimant contained herein may subject the Claimant to legal action to recover any money distributed to the Claimant.						
(c) A claim that includes a false or altered document, a billing receipt or estimate that is found to include an enhancement, improvement, upgrade source or material or work that is outside the scope of the original contract, will be automatically denied.						
(d) If an attorney is retained to assist in the pre paration of this claim, no fee or other compensation may be paid to that attorney from the Recovery Fund.						
DATED this day of 200						
Signature of Claimant						
Nevada State Contractors' Board						

CLAIM MUST BE VERIFIED.

PLEASE NOTE THAT YOUR CLAIM WILL NOT BE PROCESSED UNLESS ALL RELEVENT DOCUMENTS, ATTESTATIONS, CHECKS, RECEIPTS, ETC. ARE ATTACHED.

STATE OF NEVADA)	\ 66					
COUNTY OF) SS,)					
	being first duly sworn, deposes and says:					
That(he/she) contents thereof, and that the	is the Claimant in the a e same is true of	above claim that (his/her) own know	(he/she) has read the claim ledge.	and knows the		
Signature of Claimant		 				
Subscribed and Sworn to Before me that d	lay of					
Notary Public in and for said	County and State					