

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
RESURVEY LICENSE APPLICATION

(THIS APPLICATION MUST BE TYPED OR FILLED OUT LEGIBLY IN INK)

THE FACILITY WAS ISSUED:

GRADE "B"

(If the facility was issued a grade of "B", the fee for an application for a resurvey is \$400 and must be submitted with this form.)

GRADE "C" OR "D" on

(If the facility was issued a grade of "C" or "D", the fee for an application for a resurvey is \$600 and must be submitted with this form.)

SURVEY DATE GRADE WAS ISSUED: _____

THE ENTITY'S D.B.A. NAME _____
(D.B.A. = Doing Business As)

STREET ADDRESS _____
(Physical location of the entity's operation)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____

EMAIL _____

THE ENTITY'S MAILING ADDRESS _____
(If different from above)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

OWNER OF THE ENTITY (Applicant/Licensee) _____

ADDRESS _____
(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **FAX** _____

ADMINISTRATOR/DIRECTOR _____

SIGNATURE OF REPRESENTATIVE OR OWNER _____ **DATE** _____

PRINTED NAME OF REPRESENTATIVE OR OWNER _____

TITLE OF PERSON SIGNING APPLICATION _____

Return your completed resurvey application and fee to **Bureau of Health Care Quality and Compliance.**

727 Fairview Drive, Suite E
Carson City, NV 89701
(775) 684-1030