



**Nevada Department of Business and Industry**  
Regulatory Experimentation Program for Product Innovation  
Office of the Director  
3300 West Sahara Avenue, Suite 425  
Las Vegas, Nevada 89102

Email: [nevada.sandbox@business.nv.gov](mailto:nevada.sandbox@business.nv.gov)

Call: (702) 486-2750

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## NEVADA SANDBOX APPLICATION

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Consideration for admission into Nevada's Regulatory Experimentation Program for Product Innovation (herein cited as the Nevada Sandbox) requires completion of this form and payment of a non-refundable \$500 application fee. A separate application and fee are required for each product or service being proposed for testing.

### INSTRUCTIONS

1. Complete this form in its entirety in writing. Use supporting documents and copies of the response template included in this form to provide the information requested in Sections II through V. Ensure the information is properly labeled as to the section item being answered.
2. Sign the completed form where indicated.
3. Submit the completed application package to the address at the top of this page.

All information, including the fee, must be provided before a package will be considered complete and ready for review.

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### I. APPLICANT INFORMATION

<input type="text"/>	<input type="text"/>
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Full Legal Name

Trade Names or DBAs

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organization Type (*Corp, LLC, Sole Prop., etc.*)

State and Date of Incorporation

Federal Employer ID Number

Mailing Address (*include city, county, state and zip code*)

Physical Address (*include city, county, state and zip code*)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and Title of Primary Contact Person

Phone

Email

Physical or Virtual Test Location (*address or website URL, including social media accounts, from which testing will occur; and location where all test documents will be retained and made reasonably accessible to Director and Office of Attorney General*)

**APPLICANT INFORMATION** *(continued)*

If Applicant is not a natural person, please provide the full legal name, physical address, telephone number, facsimile number, electronic mail address, and website address of each officer, director or other principal of the Applicant. If more space is needed, use the response template form provided at the end of this document or attach additional sheet(s) properly labeled.

<input type="text"/>	<input type="text"/>	
Full Legal Name	Relationship to Applicant	
<input type="text"/>		
Address <i>(include city, county, state and zip code)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone and Fax	Email	Website

<input type="text"/>	<input type="text"/>	
Full Legal Name	Relationship to Applicant	
<input type="text"/>		
Address <i>(include city, county, state and zip code)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone and Fax	Email	Website

<input type="text"/>	<input type="text"/>	
Full Legal Name	Relationship to Applicant	
<input type="text"/>		
Address <i>(include city, county, state and zip code)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone and Fax	Email	Website

<input type="text"/>	<input type="text"/>	
Full Legal Name	Relationship to Applicant	
<input type="text"/>		
Address <i>(include city, county, state and zip code)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone and Fax	Email	Website

**CRIMINAL CONVICTIONS or ADMINISTRATIVE ACTIONS**

Within the five (5) years immediately preceding the date of this application, has Applicant (or, if Applicant is not a natural person, any officer, director or other principal of the Applicant) been convicted of, or plead guilty or no contest to, any crime or suffered any final administrative suspension, revocation or termination of a professional or occupational license in Nevada or another jurisdiction?

Yes  No

If yes, please use a response template form or other written means to describe the situation(s) in detail and include this information in your application package.

**You MUST include in your application package  
detailed responses to each of the items in Sections II through V.**

You may use supporting documents, the template form provided at the end of this application, or other written means to do so. All response materials must be legible, organized according to the outline below, and properly labeled to facilitate reference during the Director's review.

**II. PRODUCT OR SERVICE INFORMATION**

1. Describe the product or service proposed for testing.
2. Explain the innovation included in the product or service.
3. Explain the nature or features of the product or service that distinguish it from any similar product or service available in Nevada.
4. Explain the regulatory scheme that would otherwise apply to the product or service if it was tested outside the Nevada Sandbox, including, but not limited to, regulation under NRS Chapters 645A, 645B, 645F, and 645G; NRS Title 55; or any regulation adopted pursuant thereto.
5. Explain how you plan to comply with any federal requirements, if applicable.
6. Explain how participation in the Nevada Sandbox will facilitate a successful test of the product or service.

**III. CONSUMER EFFECTS INFORMATION**

1. Explain any benefit(s) of the product or service to consumers.
2. Explain any risk of financial loss or other harm to consumers associated with the product or service.
3. Explain the types of consumers likely to participate in your test.
4. Describe how you intend to market the product or service to consumers and disclose its participation in the Nevada Sandbox to them, along with the key risks of the test.
5. If the product or service would normally require a money transmission license under NRS Chapter 671, describe the maximum amount of a single transaction for an individual consumer and the maximum aggregate amount of transactions for an individual consumer.

**IV. TEST PLAN INFORMATION**

1. Provide a statement of the proposed plan for testing the product or service, including an estimate of the dates or periods of time anticipated for entry into and exit from the relevant market in Nevada.
2. Describe the records and data you will keep in the ordinary course of business.
3. Describe your measures to protect consumers from financial loss or other harm caused by a failure of the test, should that occur, including any proposed bonding and the amounts thereof.
4. Explain your plan to wind up and terminate the test, including any pursuit of necessary licensure or authorization, or proposed exit procedures if you decide not to pursue formal licensing in Nevada following termination of the test or conclusion of the testing period.

**V. OTHER ACTIVITIES**

1. Disclose whether you have conducted a similar test of the same product or service, or a similar product or service, in another regulatory sandbox jurisdiction.
2. Provide copies of any approved or denied applications you have made to other regulatory sandbox jurisdictions, if any; and a statement concerning whether the approved efforts were successful or not, or remain ongoing.
3. Describe any complaints tied to your regulatory sandbox efforts elsewhere, if any, and their status or resolution.
4. Provide a statement describing any regulatory actions, of any nature, pending or taken against you elsewhere, if any, and their status or resolution.

**VI. ATTESTATION**

I, \_\_\_\_\_, on behalf of Applicant, attest that the foregoing information and attached supporting documents in this application are true and accurate to the best of my knowledge. Applicant hereby agrees to the review or investigation, at the Director’s discretion and Applicant’s expense, of the credit history, criminal history and background of the Applicant and, if the Applicant is not a natural person, each officer, director or other principal of the Applicant.

Applicant further agrees to be bound by the requirements of NRS Chapter 657A; any associated regulations or policies and procedures derived therefrom; and any relevant conditions or requirements attached to the approval or oversight of the Applicant’s product or service test by the Director of the Nevada Department of Business and Industry, if said product or service is accepted into Nevada's Regulatory Experimentation Program for Product Innovation ("the Nevada Sandbox").

Applicant hereby acknowledges and agrees to the applicability of Nevada law and the exercise of personal jurisdiction by the courts of Nevada over all matters associated with the Regulatory Experimentation Program for Product Innovation and the Applicant’s product or service test if approved for use under the program. Applicant understands that Applicant and any officers, directors or principals of Applicant will be required to acknowledge they are subject to the jurisdiction of the Nevada courts with respect to any action arising out of or relating to Applicant’s testing in the Nevada Sandbox.

Lastly, Applicant acknowledges having read, understood, and accepted all provisions of NRS Chapter 657A, including but not limited to requirements pertaining to consumer disclosures before any financial product or service can be provided to a consumer as part of a test in the Nevada Sandbox; required notifications to the Director of the Nevada Department of Business and Industry; the Director’s powers and authorities if there is reasonable cause to believe a Nevada Sandbox participant has engaged in, is engaging in, or threatens to engage in any act or omission that the Director determines is inconsistent with the health, safety or welfare of consumers or the public generally; and that any action taken by the Director pursuant to those powers and authorities is final and not subject to judicial or administrative review.

Printed Name

Title

Signature

Date

**NOTICE REGARDING NEVADA PUBLIC RECORDS LAW AND RELEVANT ITEMS REFERENCED IN AUTHORIZING LEGISLATION:** According to NRS 657A.510(1), any record or information in a record submitted to or obtained by the Director of the Nevada Department of Business and Industry or an applicable regulator pursuant to the Regulatory Experimentation Program for Product Innovation ("Nevada Sandbox") is confidential and not a public book or record within the meaning of NRS 239.010, except that the record or information may be disclosed by the Director or applicable regulator to (a) any governmental agency or official; or (b) a federal, state or county grand jury in response to a lawful subpoena.

# RESPONSE TEMPLATE FORM – NEVADA SANDBOX APPLICATION

Application Section/Subsection Number

\_\_\_ of \_\_\_



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Regulatory Experimentation Program for Product Innovation  
("Nevada Sandbox Program")  
**APPLICANT REQUEST TO RELEASE INFORMATION**

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NAME: \_\_\_\_\_

1. By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively "the State") my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Director of the Department of Business and Industry of the State of Nevada, in his or her sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Department's Financial Institutions Division and/or Mortgage Lending Division a complete set of fingerprints which the applicable Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.
2. I authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to the Nevada Department of Business and Industry, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Nevada Department of Business and Industry to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privileges.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or an officer of same, I hereby authorize and request that a duly appointed agent of the Nevada Department of Business and Industry be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

5. I do hereby make, constitute, and appoint any duly appointed agent of the Nevada Department of Business and Industry my true and lawful attorney in fact for me in my name, place, and stead, and on my behalf and for my use and benefit:
  - a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
  - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
  - c. To place the name of the Department of Business and Industry agent presenting this request in the appropriate location of this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends thirty-six (36) months from the date of execution.
8. I have filed with the Director of the Department of Business and Industry an "application" for approval to participate in the Regulatory Experimentation Program for Product Innovation, also known as the Nevada Sandbox Program, as key officer/director/majority owner. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner of actions, causes or action, suites, debts, judgments, executions, claims, and demands whatsoever, know or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

11. A reproduction of this request by the copy machine or similar process shall be for all intents and purposes as valid as the original.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**THE RELEASE REQUEST IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn says that he or she is the applicant herein; or that he or she is making this application on behalf of said applicant; that he or she has read the foregoing application and knows the contents thereof and that the same is true to the best of his or her knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

\_\_\_\_\_ County, State of \_\_\_\_\_

this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

(Notary Seal)