



INDEPENDENT AGENT MONTHLY REPORT

(Due 15 days following each calendar month)

Pursuant to Regulation 25.040(1)

The monthly report will be submitted to the Investigations Division in electronic format to AgentReports@gcb.nv.gov. Click [here](#) to use the Board's Monthly Report Template available in Excel.

Shall have the minimum of the following:

Active Independent Agents

- Name of Licensee,
- Location ID Number,
- Year of Report,
- Month of Report,
- Independent Agent Name (Last Name, First Name),
- Social Security Number or, if international, Date of Birth,
- Amount of Compensation for that month reported, and
- If new agreement, please submit copy of agreement if *different than* the submitted "standard controlling agreement." Pursuant to NGC Regulation 25.040(3).

Terminated Independent Agents

- Name of Licensee,
- Location ID Number,
- Year of Report,
- Month of Report,
- Independent Agent Name (Last Name, First Name),
- Social Security Number or, if international, Date of Birth, and
- Amount of Compensation for that month reported.
- Date of Termination,
- Truthful Statement of the Reason(s) for Termination, and