



# NSAC Inspector Interest Form

## Contact Information

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. Are you currently a State Employee or have been in the past 24 Months? Yes No
  2. Maintain a Valid Driver's License or Ability to get to/from events? Yes No
  3. Available to work evenings, weekends, and holidays? Yes No
  4. Are you fluent in any other languages besides English? Yes No
- List Language(s): \_\_\_\_\_

## Additional Information

**Please describe your experience as an Inspector:**

**I declare under penalty of perjury that the forgoing is true and correct.**

**Signature:** \_\_\_\_\_

Please email this completed form to [NSACInfo@boxing.nv.gov](mailto:NSACInfo@boxing.nv.gov)  
3300 W. Sahara Avenue, #450, Las Vegas, Nevada 89102  
Telephone: (702) 486-2575 Fax: (702) 486-2577