**AMENDMENT # \*\***

**TO CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR**

Between the State of Nevada

Acting By and Through Its

|  |  |
| --- | --- |
| Agency Name: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Contact: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

|  |  |
| --- | --- |
| Contractor Name: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Contact: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

1. **AMENDMENTS.** For and in consideration of mutual promises and other valuable consideration, all provisions of the original Contract resulting from Request for Proposal #XXXX and dated MMDDYYYY, attached hereto as Exhibit A, remain in full force and effect with the exception of the following:
2. **Provide a brief explanation for contract amendment**.
3. **Current Contract Language:**
4. **Amended Contract Language:**
5. **INCORPORATED DOCUMENTS.** Exhibit A (original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.
6. **REQUIRED APPROVAL**. This amendment to the original Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

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| Independent Contractor’s Signature | Date |  | Independent Contractor’s Title |

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| --- | --- | --- | --- |
|  |  |  |  |
| State of Nevada Authorized Signature  | Date |  | Title |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| State of Nevada Authorized Signature  | Date |  | Title |

|  |  |  |  |
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|  |  |  |  |
| State of Nevada Authorized Signature  | Date |  | Title |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | APPROVED BY BOARD OF EXAMINERS |
| Signature – Board of Examiners |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | On: |  |
|  |  |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved as to form by: |  |  |  |
|  |  | On: |  |
| Deputy Attorney General for Attorney General |  |  | Date |