

## STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY DIVISION OF MORTGAGE LENDING

1830 College Parkway, Suite 100 Carson City, NV 89706 (775) 684-7060 Fax (775) 684-7061 www.mld.nv.gov

## APPLICATION FOR RENEWAL OF REGISTRATION

(Credit Service Organization)

Mail to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a credit service organization registration.

Corporate Name of Credit Service Organization:				
DBA, if applicable:				
Registration No.:				
Address of Physical Location of Credit Service Organization	n:			
Street Address				
City	State	Zip		
Telephone No.: (Must be a Local Land Line)	Fax No.:			
E-Mail: (Mandatory)	Taxpayer Identification No.:			
Name of Key Employee:				
Key Employee's Telephone No.: (Must be a Local Land Line)	_ Key Employee's E-Mail:	itory)		
Key Employee's Fax No.:	-			

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Name	Address	Telephone No.	Social Security No.	Percentage of Interest Helo (Must Equa 100%)
List all employees of th	ne credit service organiza	ation applicant:		
Does the credit service Yes No	e organization currently h	nold a bond?		
ond No.:		Amount of Bon	d: \$	
ame and address of the	corporate surety issuing	the bond:		

	Service		Fee	
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legal process:	vice organization applicant designates th			ent agent for service of
legal process: Name of Residen	it Agent:			·
legal process: Name of Residen Address of Resid	ent Agent: Street Address	City	State	Zip
legal process: Name of Residen Address of Resid Resident Agent's	ent Agent:  Street Address  Telephone No.:  (Must be a Local Land Line)	City Resident Aç	State	Zip
legal process: Name of Residen Address of Resid Resident Agent's	ent Agent:  Street Address  Telephone No.:  (Must be a Local Land Line)	City Resident Aç	State	Zip
legal process:  Name of Residen  Address of Resid  Resident Agent's  Resident Agent's	ent Agent: Street Address	City Resident Ao	State gent's Fax No.	Zip .:
legal process: Name of Residen Address of Resid Resident Agent's Resident Agent's The credit service	ent Agent:  Street Address  Telephone No.:	City Resident Agent it will continuously manute security (irrevocable bligor, issued by a bank	State gent's Fax No. aintain a reside e letter of cre whose deposi	Zip .: ent agent for service of dit for which the creditis are federally insured

I, the undersigned, state that I am authorized to sign the within Application for Renewal of Registration (Credit Service Organization) on behalf of the applicant named herein; that I have read and signed the Application for Renewal of Registration (Credit Service Organization) and know the contents thereof and that the statements made therein are true. By signing below, I represent that I have personally completed this Application for Renewal of Registration (Credit Service Organization) and verified the information contained herein.

I acknowledge that all fees paid to the Division in conne	ection with this app	olication are non-refun	dable.	
Name of Applicant:(Credit Service Organization)				
By:Authorized Signatory (Owner)	_			
Printed Name:				
Date:				
Subscribed and sworn to before me the	day of		, 20	
Notary public in and for the County of		, State of		
My commission expires				
Notary Signature				
Notary Seal				