



STATE OF NEVADA
 DEPARTMENT OF BUSINESS AND INDUSTRY
 DIVISION OF MORTGAGE LENDING
 1830 College Parkway, Suite 100
 Carson City, NV 89706
 (775) 684-7060
<http://mld.nv.gov>

APPLICATION FOR RENEWAL OF ESCROW AGENT LICENSE AND CHECKLIST

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a license as an escrow agent.

**YOUR LICENSE WILL EXPIRE ON JULY 1.
 THERE IS NO 'GRACE PERIOD' FOR LATE RECEIPT OF NON-REFUNDABLE RENEWAL FEES**

1. Name of Escrow Agent: _____
 First Middle Last

2. Escrow Agent License Number: _____

3. Name of Licensed Escrow Agency employing or associating with the Escrow Agent:

4. Location of the Escrow Agency office from which the Escrow Agent is to conduct Escrow Agent business:

 Street Address City State Zip

5. Are you a principal, officer, director, trustee or affiliated with a licensee or have a license issued pursuant to:

NRS 645 (Real Estate Broker)	Yes ___	No ___
NRS 645B (Mortgage Company/MLO)	Yes ___	No ___

1. Required Items – Checklist:

___ Affidavit of Material Change (If yes to changes, supporting documents and forms are required)

___ Required supporting documents for change(s)

___ **\$125.00** non-refundable renewal fee. Make check payable to “Division of Mortgage Lending”. I understand there is an additional non-refundable renewal fee of **\$62.50** should the renewal application not be received by the office of the Division of Mortgage Lending prior to the expiration of the company license. [NRS 645A.040(4)]

*** Renewal applications will not be processed if the applicant has failed to pay all fees, assessments and fines owed.

I, the undersigned, state that I am the person named in the foregoing Application for Renewal of Escrow Agent License: that I have read and signed said Application for Renewal of Escrow Agent License and know the contents thereof; and that the statements made therein are true.

By signing below and initialing each page, I represent that I personally have completed this Application for Renewal of Escrow Agent License and verified the information contained herein.

Escrow Agent Signature: _____

Name: _____ Date: _____
(Print or type)

Telephone number where Escrow Agent may be reached: _____

Subscribed and sworn to before me the _____ day of _____, 20 _____

Notary public in and for the County of _____, State of _____

Notary Signature: _____

Notary Seal:

CERTIFICATION BY OWNER/PRINCIPAL OF ESCROW AGENCY

I, _____, certify that I am an owner/principal of the escrow agency named herein. I represent and agree that I will be responsible for the activities of the applicant as an escrow agent by exercising careful supervision over his/her activities while he/she is associated with or employed by the escrow agency.

Owner/Principal of Escrow Agency employing or associating with the Escrow Agent:

Name: _____ Title: _____

Signature: _____ Date: _____

AFFIDAVIT OF MATERIAL CHANGE

___ I, the undersigned, affirm that the licensed entity **has not** undergone any changes in fact or representations.

___ I, the undersigned, affirm that the licensed entity **has** undergone any changes in fact or representations and all appropriate forms reporting said changes are attached herein.

I, the undersigned, state that I am authorized to sign the affidavit of material change form on behalf of the applicant named herein; that I have read and signed this Application and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally verified the information contained herein.

APPLICANT SIGNATURE:

Name of Licensed Entity: _____

By: _____ Date: _____
Authorized Signatory

Name: _____ Title: _____
(Print or type)

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature: _____

Notary Seal:

Applicants are advised that this Application for Renewal of Escrow Agent License is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial of renewal and/or revocation of a license.

I, the undersigned, state that I am the person named in the within Escrow Agent Renewal form; that I have read and signed said form and know the contents thereof; and that the statements made therein are true. By signing below and initialing each page, I represent that I have personally completed this Escrow Agent Renewal form and verified the information contained therein and have read and agree to the above investigations into my credit history, child support information, criminal history and background checks.

Signature

Name (Print or type)

Date

Subscribed and sworn to before me this ____ day of _____, 20 ____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal