

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

NOTICE OF TERMINATION OR DISASSOCIATION WITH AGENT OR ASSOCIATED LICENSEE

From: (Name of Licensed Escrow Agency, Independent Licensee under NRS 645F, or Exempt Company) Escrow Agency Covered service provider, foreclosure consultant or loan modification consultant (independent licensee) To: (Name of Terminated or Disassociated Agent or Associate) License No.: NOTICE TO TERMINATED OR DISASSOCIATED AGENT OR ASSOCIATE: Your termination or disassociation from the above named entity is being reported to the Division of Mortgage Lending by way of this written statement. Notice of termination or disassociation was provided to the agent at his last known address at (insert street, city, state and zip) on Authorized Signer for Terminating Entity Date of Termination:
Covered service provider, foreclosure consultant or loan modification consultant (independent licensee) To: (Name of Terminated or Disassociated Agent or Associate) License No.: NOTICE TO TERMINATED OR DISASSOCIATED AGENT OR ASSOCIATE: Your termination or disassociation from the above named entity is being reported to the Division of Mortgage Lending by way of this written statement. Notice of termination or disassociation was provided to the agent at his last known address at (insert street, city, state and zip) on (insert date) Authorized Signer for Terminating Entity
NOTICE TO TERMINATED OR DISASSOCIATED AGENT OR ASSOCIATE: Your termination or disassociation from the above named entity is being reported to the Division of Mortgage Lending by way of this written statement. Notice of termination or disassociation was provided to the agent at his last known address at (insert street, city, state and zip) on (insert date) Authorized Signer for Terminating Entity
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(insert street, city, state and zip) on (insert date) Authorized Signer for Terminating Entity
on(insert date) Authorized Signer for Terminating Entity
(insert date) Authorized Signer for Terminating Entity
Date of Termination:
Circumstances Surrounding Termination: Resigned Fired (explain) Failed to meet the education-test requirements Other (explain)
Explanation:

(Attach additional explanation page if needed)