



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
400 W. King Street, Suite 101
Carson City, NV 89703
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

DIANNE CORNWALL
Director

JOSEPH L. WALTUCH
Commissioner

ASSOCIATED LICENSEE - CHANGE OF INDEPENDENT LICENSEE

Pursuant to Section 27(3) of R052-09, to change the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) with whom an associated licensee is employed or otherwise associated, the associated licensee must complete and submit this form and pay a non-refundable fee of **\$25.00**. Make check payable to "Division of Mortgage Lending."

Mail to: Division of Mortgage Lending
400 W. King Street, Suite 101
Carson City, Nevada 89703

1. Associated Licensee Information:

Associated Licensee's License No.:	_____	Social Security No.:	_____
			(Mandatory)
Associated Licensee's Full Legal Name:	_____		
	First	Middle	Last
Home Address:	_____		
	Street	City	State Zip
Home Phone:	_____	Cell:	_____
		E-Mail:	_____
			(Mandatory)
Associated Licensee's Signature:	_____		

2. Employing Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Information: (Indicate the new loan modification consultant, foreclosure consultant or covered service provider (independent licensee) and the office location at which the associated licensee will work)

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee):	_____		

	(List the name of the independent licensee with whom the associated licensee will be associated)		
Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) License No.:	_____	E-Mail:	_____
			(Mandatory)
Address:	_____		
	Street	City	State Zip
Telephone No.:	_____	Fax No.:	_____
	(Must be a Local Land Line)		

3. Required Items – Checklist

\$25.00 non-refundable fee. (Make check payable to “Division of Mortgage Lending.”)

Pursuant to Section 19(1)(f) of R052-09, the following is a statement from the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) with whom the associated licensee will be associated.

ACKNOWLEDGMENT OF INTENT TO EMPLOY

Verified Statement - To Be Completed By Loan Modification Consultant,
Foreclosure Consultant or Covered Service Provider (Independent
Licensee) Associating With or Employing the Associated Licensee

This is to certify that I am a duly licensed loan modification consultant, foreclosure consultant or covered service provider (independent licensee) on active status. It is my present intent to employ or associate with me the within-named loan modification consultant, foreclosure consultant or covered service provider (associated licensee).

I represent and agree that I will be responsible for the activities of the loan modification consultant, foreclosure consultant or covered service provider (associated licensee) by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Associating With or Employing the Associated Licensee: _____

By: _____
Authorized Signatory

Title: _____

Date: _____

Original or “wet” signature required.