



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 – NOTICE OF TERMINATION  
OF AFFILIATION WITH INDEPENDENT LICENSEE**

Pursuant to Section 41 of R052-09, this form must be provided to the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) and to the Division of Mortgage Lending within three (3) business days of the date that an associated licensee terminates his employment by or association with a loan modification consultant, foreclosure consultant or covered service provider (independent licensee).

Mail or Fax to: Division of Mortgage Lending  
400 W. King Street, Suite 101  
Carson City, Nevada 89703  
FAX: (775) 684-7061

**To: (Provide a Copy of This Form to the Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider – Independent Licensee)**

\_\_\_\_\_  
(Name of Loan Modification Company, Foreclosure Consultant or Covered Service Provider – Independent Licensee)

License No. of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee): \_\_\_\_\_

**NOTICE TO LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER (INDEPENDENT LICENSEE):**

The termination of my affiliation as an associated licensee of the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) is being reported to the Division of Mortgage Lending by way of this written statement.

Notice of termination of affiliation was provided to the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) at its last known office address at \_\_\_\_\_ (insert street, city, state and zip) on \_\_\_\_\_ (insert date)

**From:** (Name of Associated Licensee): \_\_\_\_\_

Address of Associated Licensee: \_\_\_\_\_ **Date of Termination:** \_\_\_\_\_

Signature of Associated Licensee: \_\_\_\_\_

**Circumstances Surrounding Termination:**  Resigned  Fired (explain)  Other (explain)

Explanation: \_\_\_\_\_