



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

**APPLICATION FOR ESCROW AGENCY LICENSE AND CHECKLIST
(Principal Location)**

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

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a license to engage in the escrow agency business.

1. Required Items - Checklist:

- Child Support Statement from each natural person with an ownership interest in the company, each person who has the power to direct the management and policy of the company and each escrow agent. (Pursuant to NRS 645A.025, required regardless of any support obligations.)
- Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized for each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and each escrow agent.
- Personal Financial Questionnaire completed, signed and notarized for each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and each escrow agent.
- Non-Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized, for the company and for each entity that owns a 25% or more interest in the company.
- Two years of financial statements on the applicant (if the applicant is licensed elsewhere).
- Two fingerprint cards completed by each owner of the company, each person who has the power to direct the management and policy of the company and each escrow agent. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- Application for Escrow Agent License, including the appropriate fee.
- \$500.00** non-refundable application fee for the principal Nevada office. (Make check payable to "Division of Mortgage Lending.")

2. The name under which the principal office will conduct business in Nevada:

3. Address of the principal office: _____

4. Taxpayer Identification No.: _____

Phone No.: _____

Fax No.: _____

E-Mail: _____

5. A detailed statement of the activities in which the company will engage

6. A general business plan of the company:

(If additional space is needed, attach a separate sheet and reference No. 6 of Application for Escrow Agency License.)

7. Describe the business experience of the company:

(If additional space is needed, attach a separate sheet and reference Item No. 7 of Application for Escrow Agency License.)

8. The expected average monthly balance of the trust account or escrow account maintained by the Escrow Agency pursuant to NRS 645A.160 for the first six months of operation is:

\$_____.

9. The length of time the applicant has been in the escrow business: _____

10. The applicant's fiscal year end:

____ December 31; or

____ Other (Date of fiscal year end is _____)

11. Listed below are all principal officers, directors and trustees of the Escrow Agency who hold an active real estate license issued pursuant to Chapter 645 of NRS. (Indicate "none" if there are none.)

12. The natural person designated to receive service of process in this state for the Escrow Agency:

Name: _____

Address: _____

City/State/Zip: _____

I, the undersigned, state that I am authorized to sign the within Application for Escrow Agency License on behalf of the applicant named herein; that I have read and signed said Application for Escrow Agency 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 Escrow Agency License and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Escrow Agency: _____

By: _____
Authorized Signatory (Owner)

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

General Information
ESCROW AGENCY LICENSE APPLICATION

If you are applying as a sole proprietorship, partnership, joint venture, limited liability company, or any type of corporation, you will be required to provide a copy of your partnership, joint venture, or limited liability company agreement or Articles of Incorporation, and a current financial statement for all applicants.

If the licensee is to be a subsidiary of a nationwide or parent organization, you are required to disclose the percentage of ownership of the parent company. The last two fiscal year-end reports of the parent company are to be provided. Such reports can be shareholder reports, CPA prepared or 10K reports, as available.

Additional branch licenses must be applied for separately. A branch license will not be issued until the principal Nevada office has been licensed for at least six months, and an examination completed resulting in a "satisfactory" rating.

A natural person who applies for the issuance or renewal of a license as an Escrow Agent or Escrow Agent shall submit to the Commissioner the Child Support Statement form prescribed by NRS 425.520. A license will not be issued if the natural person fails to submit the form, or indicates that he/she is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. NRS 645A.025.

All businesses, Nevada corporations, foreign corporations and partnerships operating in Nevada are required to have a State Business License issued by the Department of Taxation. A sole proprietorship with one or more employees is also required to have a State Business License. Statute imposes a tax based on the number of employees working in Nevada or entering Nevada to work or conduct a business activity. NRS 364A. Either a copy of the State Business License from the Department of Taxation, or an exemption for such license, must be included with the Escrow Agency application.

A person may not be licensed as an Escrow Agent or Agency or be a principal officer, director or trustee of an Escrow Agency if he/she is the holder of an active Nevada Real Estate license issued pursuant to chapter 645 of NRS. NRS 645A.020(6). Each Escrow Agency shall deposit a corporate surety bond or an "instrument in lieu of bond" in the following amount based upon the average monthly balance of the trust account or escrow account maintained by the escrow agency pursuant to NRS 645A.160:

AVERAGE MONTHLY BALANCE	AMOUNT OF BOND OR SECURITY REQUIRED
\$50,000 or less	\$20,000
More than \$50,000 but not more than \$250,000	\$50,000
More than \$250,000 but not more that \$500,000	\$100,000
More than \$500,000 but not more than \$750,000	\$150,000
More than \$750,000 but not more than \$1,000,000	\$200,000
More than \$1,000,000	\$250,000

The Commissioner shall determine the appropriate amount of the surety bond or substitute instrument that must be deposited initially by the Escrow Agency based upon the expected average monthly balance of the trust account or escrow account maintained by the Escrow Agency. After the initial deposit, the Commissioner shall, on a semi-annual basis, determine the appropriate amount of the surety bond or substitute form of security that must be deposited by the Escrow Agency. NRS 645A.041(4). Indicate in Item No. 4 of the application the expected average monthly balance of the trust account or escrow account for the first six months of operation.

Any person employed by an Escrow Agency to engage in the business of administering escrows for compensation is required to be licensed as an Escrow Agent. NRS 645A.010. No Escrow Agent may be associated with or employed by more than one Escrow Agency at the same time. NRS 645A.032(2).



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CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** NRS 425.520, 645A.025, 645B.023, 645B.420 and 645E.210.

Please check one box:

- I am **not** subject to a court order for the support of a child.
- I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Name (printed)

Social Security Number

Signature of Applicant

Date

Name and address of the company for which licensing affiliation is requested:

1. Residential Addresses For The Last 10 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	To	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes ____ No ____

If no, Registration No.: _____

If naturalized, Certificate No.: _____ Date: _____

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.

2. Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 10 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	To	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are **required** to provide an explanation for ‘yes’ answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

a. Have you ever been charged, arrested, convicted of, or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor?

Yes No

If the answer is “Yes,” please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

- b. At any time preceding the date of this application, have you ever been charged, arrested, convicted of, or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor involving fraud, dishonesty, breach of trust, money laundering, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?

Yes No

If the answer is “Yes,” please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

- c. Have you ever entered into any settlement agreement, whether civil or criminal, with any federal or state agency?

Yes No

If the answer is “Yes,” give details:

- d. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) had a license or registration denied, suspended or revoked by any agency in this state or any other state, district, territory of the United States or any foreign court in the preceding 10 years?

Yes No

If the answer is “Yes,” give details:

- e. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

Yes No

If the answer is “Yes,” give details:

- f. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

Yes No

If the answer is “Yes,” give details:

- g. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

Yes No

If the answer is "Yes," give details:

- h. Do you have a relative that is or has been associated with the mortgage lending industry in any state? (Under NRS 645, "relative" means a spouse or any other person related within the second degree by blood or marriage.)

Yes No

If the answer is "Yes," give details:

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

Yes No

If the answer is "Yes," give details:

- j. Have you ever had conditions placed upon a privileged or professional license or had a privileged or professional license denied, suspended or revoked by any local, state, federal or other regulatory entity?

Yes No

If the answer is "Yes," give details:

- k. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

Yes No

If the answer is "Yes," give details:

- l. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

Yes No

If the answer is "Yes," give details:

- m. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

Yes No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question Number	Explanation

**BACKGROUND CHECK AUTHORIZATION, RELEASE
AND AGREEMENT TO INDEMNIFY**

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B or E of the Nevada Revised Statutes ("NRS") to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, escrow agency, escrow agent, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within Personal History Record – Escrow Agency; that I have read and signed said Personal History Record – Escrow Agency 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 the Personal History Record – Escrow Agency and verified the information contained therein and have read and agree to the above investigations into my credit history and child support information, and 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



JIM GIBBONS
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Director

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Commissioner

**NON-PERSONAL HISTORY RECORD – ESCROW AGENCY
(Submit For Other Than Natural Persons)**

This Non-Personal History Record – Escrow Agency (Submit For Other Than Natural Persons) is being submitted in connection with an application for an escrow agency license. This form is to be completed by the applicant and each entity that owns a 25% or more interest in the applicant/company. Please indicate for whom this form is being submitted:

- Applicant/company
- Entity that owns a 25% or more interest in the applicant/company

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

The applicant must initial each page in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page. Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Non-Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

Name of Applicant: _____		
List any dba’s of the entity if not the corporate name: _____		
License No.: _____		
Address of Principal Place of Business in Nevada: _____		
	NV	Street Address
City	State	Zip
E-Mail: _____	Telephone No.: _____	
(Mandatory)	(Must be a Local Land Line)	
Fax No.: _____	Taxpayer Identification No.: _____	
	(Mandatory)	

1. If the applicant is a corporation, provide a copy of the by-laws and a current Certificate of Good Standing from the state of incorporation.
2. List all owners of the entity, each principal, officer, director, trustee, general partner and managing member of the entity, and all individuals with the power to direct management or policy or control through ownership, contractual or otherwise.

Name First Middle Initial, Last	Residence Address – Street, City, State, Zip	Title/Position	Business Address if Different From Applicant's Address	Owner/ Officer/ Director/ Stockholder (% of Ownership Interest Must Equal 100%)

For each individual listed above, a Personal History Record, Child Support Statement and two completed fingerprint cards must be submitted. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)

3. Arrests, Detentions, Litigation and Disclosure Items

An explanation for 'yes' answers is **required**. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

**INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION**

- a. Has any owner, officer or director of the entity ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor?

Yes No

If the answer is "Yes," please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

- b. At any time preceding the date of this application, has any owner, officer or director of the entity ever been charged, arrested, convicted of or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor involving fraud, dishonesty, breach of trust, money laundering, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?

Yes No

If the answer is “Yes,” please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

- c. Has the entity ever entered into any settlement agreement, whether civil or criminal, with any federal or state agency?

Yes No

If the answer is “Yes,” give details:

- d. Has the entity or any company in which the entity has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the entity has exercised control ever had a license or registration denied, suspended or revoked by any agency in this state or any other state, district, territory of the United States or any foreign court in the preceding 10 years?

Yes No

If the answer is “Yes,” give details:

- e. Has the entity within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition for an organization while the entity exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

Yes No

If the answer is “Yes,” give details:

- f. Has a bonding company ever denied, paid out on, or revoked a bond for the entity or any company in which the entity is or has ever been an owner or over which the entity has exercised control?

Yes No

If the answer is “Yes,” give details:

- g. Does the entity or any company in which the entity has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the entity has exercised control have any unsatisfied judgments or liens?

Yes No

If the answer is "Yes," give details:

- h. Does any owner, officer or director of the entity have a relative who is or has been associated with the mortgage lending industry in any state? (Under NRS 645, "relative" means a spouse or any other person related within the second degree by blood or marriage.)

Yes No

If the answer is "Yes," give details:

- i. Has the entity or any company in which the entity has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the entity has exercised control had a civil or criminal record expunged or sealed by a court order?

Yes No

If the answer is "Yes," give details:

- j. Has the entity ever had conditions placed upon a privileged or professional license or had a privileged or professional license denied, suspended or revoked by any local, state, federal or other regulatory entity?

Yes No

If the answer is "Yes," give details:

- k. Has the entity or any company in which the entity ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the entity has exercised control been a party to any past or present civil litigation?

Yes No

If the answer is "Yes," give details:

1. Is the entity subject to any pending actions that could result in a 'yes' answer to any of the above questions?

Yes No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)
Copies of this page can be made if more space is needed.

Question Number	Explanation

I, the undersigned, state that I am authorized to sign the within Non-Personal History Record on behalf of the applicant named herein; that I have read and signed said Non-Personal History Record 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 Non-Personal History Record and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Applicant: _____

By: _____
Authorized Signatory

Name (print or type)

Title

Date

Or:

ENTITY OWNING 25% OR MORE INTEREST IN THE APPLICANT/COMPANY:

Name of Entity: _____

By: _____
Authorized Signatory

Name (print or type)

Title

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



JIM GIBBONS
Governor

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DIANNE CORNWALL
Director

JOSEPH L. WALTUCH
Commissioner

**PERSONAL FINANCIAL QUESTIONNAIRE
(Escrow Agency and Escrow Agent)**

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

A Personal Financial Questionnaire is to be completed by each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and each escrow agent. Please indicate the natural person for whom this form is being submitted:

- Person who owns a 25% or more interest in the company
- Person who has the power to direct the management and policy of the company
- Escrow agent

This form is not made part of the public record of the application. Financial statements submitted pursuant to NRS 645B.085 and NRS 645E.360 are public information.

Pursuant to NRS 645A.020(h), an applicant who wishes to be licensed as an escrow agency or escrow agent must submit a Personal Financial Questionnaire or two years of financial statements.

Applicant must initial each page in the owner right-hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page. Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8-1/2 x 11" paper. White-outs and/or correction tape is/are not permitted.

Escrow Agency Information:

Name of entity for which licensing affiliation is requested: _____		
Address of Principal Place of Business in Nevada: _____		
		Street Address
City	NV State	Zip
Telephone No.: _____ (Must be a Local Land Line)		Fax No.: _____
E-Mail: _____ (Mandatory)		

Escrow Agent Information:

Applicant's Legal Name: _____				
	First	Middle		Last
Home Address: _____				
	Street Address	City	State	Zip
Mailing Address (if different): _____				
		City	State	Zip
Home Phone No.: _____		Cell Phone No.: _____		
E-Mail: _____				
(Mandatory)				

STATEMENT OF ASSETS
As Of _____ (Insert Date)¹

	<u>Balance</u>
Cash on Hand.....	\$ _____
Checking Account.....	\$ _____
Checking Account.....	\$ _____
Savings Account.....	\$ _____
Savings Account.....	\$ _____
Accounts and Notes Receivable ²	\$ _____
Description: _____	
Accounts and Notes Receivable ³	\$ _____
Description: _____	
Accounts and Notes Receivable ⁴	\$ _____
Description: _____	
Other Current Assets.....	\$ _____
Description: _____	
Investments: Stocks, Bonds, etc.....	\$ _____
Description: _____	

¹ Attach additional sheet if necessary.

² Must attach evidence.

³ Must attach evidence.

⁴ Must attach evidence.

Balance

Fixed Assets (less depreciation).....	\$ _____
Description: _____	
Other Assets (automobiles, personal property, etc.).....	\$ _____
Description: _____	
TOTAL ASSETS:	\$ _____

**STATEMENT OF LIABILITIES
Current Liabilities⁵**

Balance

Accounts Payable (credit cards, etc.).....	
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Notes Payable (list each lender separately).....	
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Lender: _____	\$ _____
Description of Collateral: _____	\$ _____
Taxes Payable.....	\$ _____
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
Other Liabilities.....	\$ _____
Description: _____	
TOTAL LIABILITIES:	\$ _____

NET WORTH (Total Assets Minus Total Liabilities)..... \$ _____

Amount to be invested in business..... \$ _____

Percentage of ownership represented by investment..... \$ _____

⁵ Attach additional sheet if necessary.
 Application for Escrow Agency License
 and Checklist (Principal Location)
 Page 26 of 29
 Rev. 2/12/09

Initials

I, the undersigned, state that I am authorized to sign the within Personal Financial Questionnaire as the applicant for an escrow agent license or on behalf of the applicant for an escrow agency license named herein; that I have read and signed said Personal Financial Questionnaire 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 Personal Financial Questionnaire and verified the information contained herein.

Further, I understand that this Personal Financial Questionnaire is an official document and misrepresentations or the failure to disclose information requested may be deemed sufficient cause for the denial of a license. I am aware that the later discovery of an omission or misrepresentation made in this Personal Financial Questionnaire may be grounds for the revocation of a license.

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



JIM GIBBONS
Governor

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**APPLICATION FOR ESCROW AGENT LICENSE
AND CHECKLIST**

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

1. Name of Applicant: _____
First Middle Last

2. Applicant's Address: _____
Street Address

_____ City State Zip

3. Phone No.: _____ E-Mail: _____
(Mandatory)

4. Social Security No.: _____

5. Escrow Agency employing, or associating with, the applicant:

Address: _____
Street City State Zip

6. The length of time the applicant has worked in the escrow business: _____

7. A detailed description of the applicant's work experience in the escrow business:

8. Is the applicant a holder of an active real estate license issued pursuant to Chapter 645 of NRS?

- Yes
- No

9. Name of surety and bond number:

Pending: _____

10. Required Items - Checklist:

- Child Support Statement. (Pursuant to NRS 645A.025, required regardless of any support obligations.)
- Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.
- Personal Financial Questionnaire (including an explanation of "Yes" answers) completed, signed and notarized. NRS 645A.020(h).
- Proof that the applicant is named as a principal on the corporate surety bond deposited with the Commissioner by the Escrow Agency with which the applicant is associated or by whom the applicant is employed. NRS 645A.041. (Indicate if the amendment to the bond is pending.)
- Two fingerprint cards completed by the applicant. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- \$100.00** non-refundable application fee. (Make check payable to "Division of Mortgage Lending.")
- Copy of Nevada driver's license.

I, the undersigned, state that I am the person named in the foregoing Application for Escrow Agent License; that I have read and signed said Application for 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 Escrow Agent License and verified the information contained herein.

Applicant's Signature: _____

Name (print or type)

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