



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

**EXEMPTION CERTIFICATE
(APPLICATION, RENEWAL, REINSTATEMENT)**

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

Enclosed is:

- \$200.00 non-refundable fee for original application (initial)
- \$100.00 non-refundable fee for annual renewal
- \$100.00 non-refundable fee for reinstatement

Make check payable to "Division of Mortgage Lending."

- An applicant applying for exemption must provide a letter from his primary regulator indicating that the license of the applicant allows him to make or broker mortgage loans and that the applicant's primary regulator will respond to complaints from Nevada residents.

An Exemption Certificate expires annually on December 31st. If an application for renewal of exemption certificate is not received on or before December 31st, then the certificate is cancelled. The Commissioner may reinstate a cancelled exemption certificate if a \$100.00 non-refundable reinstatement fee is submitted in addition to the \$100.00 non-refundable renewal fee (for a total of \$200.00).

INCOMPLETE APPLICATIONS WILL BE RETURNED.

REINSTATEMENT FEES APPLY IF AN APPLICATION FOR RENEWAL OF EXEMPTION CERTIFICATE IS NOT CORRECTLY RESUBMITTED BY DECEMBER 31ST.

Applicant Information:

Name under which the business is conducted: _____

Primary regulator: _____
(OCC, FRB, OTS, FDIC, NCUA or other state financial regulatory agency)

Mail certificate of exemption to corporate address: _____
Street Address

_____ City State Zip

Contact name: _____ Title: _____

Telephone No.: _____ E-mail: _____
(Must be a Local Land Line) (Mandatory)

If the applicant is owned by an entity defined in NRS 645B.015(1) or NRS 645E.150(1) and qualifies for an exemption as a subsidiary of the qualified entity, please provide the following information:

Full Name of Qualified Entity: _____
(Bank, savings bank, savings and loan, credit union, etc.)

Is the applicant a non-profit Certified Development Company? Yes No

If yes, please provide a letter of authorization from the Small Business Administration.

Is the applicant a real estate investment trust as defined in 26 U.S.C. § 856? Yes No

If yes, please provide support indicating supervision by a regulatory authority, such as an SEC filing or applicable state agency.

Only one mortgage exemption certificate is required for multi-branch Nevada activities. Although not required, providing a list of all offices that will conduct Nevada activity, both in state and at out-of-state locations, will allow us to disclose this information on the Division's website. If provided, please include the office's address, phone and fax numbers and contact person.

I, the undersigned, state I have the authority to make these representations on behalf of the applicant, that I have read and signed this Exemption Certificate 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 Exemption Certificate and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Applicant: _____

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