



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

**MORTGAGE AGENT TERMINATION OR DISASSOCIATION**

A mortgage broker, mortgage banker or privately insured institution or organization licensed under Title 55 or 56 of NRS must provide this form to the terminated mortgage agent and to the Division of Mortgage Lending within three (3) business days of the date of the mortgage agent's termination.

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 Mortgage Agent)**

\_\_\_\_\_  
(Name of Terminated Mortgage Agent)

License No.: \_\_\_\_\_

**NOTICE TO TERMINATED OR DISASSOCIATED MORTGAGE AGENT:**

Your termination or disassociation from the mortgage broker, mortgage banker or privately insured institution named below is being reported to the Division of Mortgage Lending by way of this written statement.

Notice of termination or disassociation was provided to the mortgage agent at his last known address at \_\_\_\_\_  
\_\_\_\_\_ (insert street, city, state and zip) on  
\_\_\_\_\_ (insert date)

**From:** \_\_\_\_\_  
(Name of Licensed Mortgage Broker, Mortgage Banker or Privately Insured Institution, DBA)

\_\_\_\_\_  
(Mortgage Broker, Mortgage Banker or Privately Insured Institution Address - Street, City, State and Zip)

\_\_\_\_\_  
(Signature of Mortgage Broker, Mortgage Banker or Privately Insured Institution)

**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)