



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

REQUEST FOR TEMPORARY INACTIVATION OF LICENSE

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

Check Applicable Box Below:

- Inactivation of Mortgage Broker License – Principal Location
- Inactivation of Mortgage Broker License – Branch Office
- Inactivation of Mortgage Banker License – Principal Location
- Inactivation of Mortgage Banker License – Branch Office

Company Name: _____

License No.: _____

Address of Office to be Closed: _____
Street Address

City State Zip

Contact Name: _____

Contact's Address: _____
Street Address

City State Zip

Contact's Telephone No.: _____
(Must be a Local Land Line)

Contact's Fax No.: _____

1. Attach and return the original license for the office being closed and return mortgage agents' licenses (if applicable).
2. I understand that the license may be inactive for a maximum of 6 months or until expiration of the license, whichever occurs first. After 6 months, company must reapply for licensing pursuant to NRS 645B.020 or NRS 645E.200, as applicable. A license may only be inactivated and reactivated once.

3. Company may not conduct mortgage broker or mortgage banker activities, as applicable, until the Commissioner approves the request for reactivation, reinstates the license and the Division's records reflect that the license is active.
4. Attach a written statement of where closed loan files will be maintained, including a contact person, address and phone number.
5. Attach a list of loans currently in process and estimated close of escrow dates.
6. Attach a written statement of the procedure for handling loans which are in process but which do not close escrow before the license is inactivated. After inactivation, company is not authorized to continue handling loans which did not close prior to inactivation.
7. If a license is reinstated after the scheduled renewal date of the license, the licensee must submit all renewal documentation and non-refundable fees pursuant to NRS 645B.050 or NRS 645E.280, as applicable.
8. Mortgage brokers must submit a termination statement for all mortgage agents associated with an office which is being inactivated.
9. Within the 6-month inactivation period, company may apply to reactivate a license by submitting to the Commissioner a written request for reactivation, a **\$200.00** non-refundable reinstatement fee for the licensee's principal office and a **\$200.00** non-refundable reinstatement fee for each branch office. Licensee must be examined before a license will be reactivated.
10. All assessments, fees and fines owed to the Division must be paid prior to inactivation of a license. If monies owed to the Division are not paid in full, it may impede future licensure as a mortgage agent, mortgage broker, mortgage banker or approval to be a qualified employee and collection efforts will be pursued.

By signing below, company agrees to the above conditions and desires to temporarily close the office referenced above.

I, the undersigned, state that I am authorized to sign the within Request for Temporary Inactivation of License on behalf of the company named herein; that I have read and signed said Request for Temporary Inactivation of 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 Request for Temporary Inactivation of License and verified the information contained herein.

Company Name: _____
(Mortgage Broker or Mortgage Banker)

By: _____
Authorized Signatory (Owner or Qualified Employee)

Name (print or type): _____

Title: _____

Date: _____

Original or "wet" signature required.