



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  
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DIANNE CORNWALL  
*Director*

JOSEPH L. WALTUCH  
*Commissioner*

## MORTGAGE LOAN SERVICER REGISTRATION FORM

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

Assembly Bill 486 of the 2009 Legislative Session requires a person or institution engaged in the business of servicing mortgage loans secured by liens on real property located in Nevada (Servicer) to register with the Division of Mortgage Lending (Division) and provide specific information. *See* Section 25 of the bill.

There is no fee associated with registration. However, soliciting and/or conducting third party servicing of loans secured by real property from locations within Nevada may require licensure pursuant to NRS 645A.

### Registration Type

- New Mortgage Loan Servicer Registration  
 Update to Mortgage Loan Servicer Registration

### Section 1. Servicer's Principal Office Information (Required)

Corporate Name: _____			
DBA, if applicable: _____			
Principal Place of Business:			
_____	_____	_____	_____
Street Address	City	State	Zip
Telephone No.: _____		Fax No.: _____	
E-Mail: _____		State in Which Company is Domiciled _____	
(Mandatory)			
Contact Person: _____			
Contact Person's E-mail Address: _____			
Contact Telephone No.: _____		Contact Fax No.: _____	

**Section 2. Servicer's Customer Service Office Information (Required)**

Customer Service Office:			
_____	_____	_____	_____
Street Address	City	State	Zip
Telephone No.: _____	Fax No.: _____		
E-Mail: _____			
Customer Service Supervisor's Name: _____			
Supervisor's E-mail Address: _____			
Supervisor's Direct Telephone No.: _____			
Supervisor's Direct Fax No.: _____			

**Section 3. Servicer's Loss Mitigation Office Information.** *If same information as in Section 2, list "Same as in Section 2" in the street address line only; remainder may be left blank.*

Loss Mitigation Office:			
_____	_____	_____	_____
Street Address	City	State	Zip
Telephone No.: _____	Fax No.: _____		
E-Mail: _____			
Loss Mitigation Supervisor's Name: _____			
Supervisor's E-mail Address: _____			
Supervisor's Direct Telephone No.: _____			
Supervisor's Direct Fax No.: _____			

**Section 4. Servicer's Additional Office location Information; *If no additional offices leave blank***

Street	City	State	Zip	Phone & Fax	Contact Name

Note: Attach separate sheet if additional space is needed.

I acknowledge that all documents filed in connection with this registration are deemed to be public records, unless provided otherwise by law, open to public inspection. I agree that if any information provided on this registration changes that I will file an amended registration form with the Division within 30 days of the change.

Registrant's Authorized Signatory:

Name of Registrant: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Signatory

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date