

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))
- Two fingerprint cards completed by the applicant (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- 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 an amendment to the bond is pending.
- Evidence of completion of 15 hours of approved courses of pre-licensing education. The 15 hours of pre-licensing education must include:
 - 3 hours of ethics, which must include instruction on fraud and consumer protection
 - 3 hours of federal law and regulations relating to escrow activities
 - 4 hours of Nevada law and regulations relating to escrow agents or escrow agencies, at least 2 hours of which must be related to NRS 645A and NAC 645A
 - 3 hours of instruction relating to the practical application of escrow processes or a specialized area of practice
 - 2 hours of electives
- \$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, I represent that I have personally completed this Application for Escrow Agent License and verified the information contained herein.

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

CERTIFICATION BY OWNER/PRINCIPAL OF ESCROW AGENCY

I, _____, certify that I am an owner/principal of the escrow agency named herein. I represent and agree that I will be responsible for the activities of the applicant as an escrow agent by exercising careful supervision over his/her activities while he/she is associated with or employed by the escrow agency.

Owner Principal of Escrow Agency employing, or associating with the applicant:

Signature: _____

Name of owner/principal of Escrow Agency employing or associating with the applicant (Print or Type)

Title Date

General Information
ESCROW AGENT LICENSE APPLICATION

“Escrow Agent” means any person engaged in the business of administering escrows for compensation (NRS 645A.010(5)).

A natural person who applies for the issuance or renewal of a license as an 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 statement 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 payment of the amount owed pursuant to the order (NRS 645A.025)

A person may not be licensed as an Escrow Agent if he/she is the holder of an active Nevada real estate license issued pursuant to Chapter 645 of NRS (NRS 645A.020(6)).

At the time of filing an application for a license as an Escrow Agent, the applicant shall file with the Commissioner proof that the applicant is named as a principal on the corporate surety bond deposited with the Commissioner by the Escrow Agency with whom he/she is associated or employed (NRS 645A.041(2))

The license of each Escrow Agent must be delivered or mailed to the Escrow Agency with whom the licensee is associated and kept in the custody and control of the Escrow Agency. Each Escrow Agent license must be displayed conspicuously in the Escrow Agency’s place of business (NRS 645A.034).

An Escrow Agent license issued pursuant to NRS Chapter 645A does not give authority to perform any act specified in that chapter to any person other than the person to whom the license is issued, or from any place of business other than that specified on the license. (NRS 645A.038)

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
<http://mld.nv.gov>

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)

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 Full Legal Name (Printed or Typed)

Social Security Number

Signature of Applicant

Date

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

Name of Company _____

Address of Company: _____
Street
City
State
Zip

1. Residential Addresses for the Last 10 Years (beginning with the most recent). If additional space is required, use the Explanation Form. (Note: If using the fillable fields in the form the space will expand to your content). All "gaps" in residential address information must be explained.

From	To	Street	City	State	Zip
	Present				

Are you a citizen of the United States? ___ Yes ___ No If no, Registration Number: _____

If naturalized, Certificate Number: _____ 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. NOTE: if using the fillable form the field will expand to fit your content). 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		

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

- 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

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

Yes No

- 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

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

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

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

h. Do you have a relative that is or has been associated with the mortgage lending industry in any state? (Under NRS 645B.0131, "relative" means a spouse or any other person related within the second degree by blood or marriage.)

Yes

No

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

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

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

l. Within the last 12 months, have you been past due on financial obligations which total more than \$3000.00

Yes No

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

Yes No

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 or her 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 F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage company, mortgage loan originator, loan modification consultant, foreclosure consultant, covered service provider, 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, thru, 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, thru, 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 application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

Signature: _____ Date: _____

Name (print or type): _____

Subscribed and sworn to before me

this _____ day of _____, 20 _____.

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Seal

Notary Signature _____



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
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**PERSONAL FINANCIAL QUESTIONNAIRE
(Escrow Agency and Escrow Agent)**

Mail to the Division of Mortgage Lending at the above address

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 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.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8-1/2 X 11" paper. White-out 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			
_____		NV	_____
City	State	Zip	
Telephone: _____		Fax: _____	Email: _____
(Must be a Local Land line)		(Mandatory)	

STATEMENT OF ASSETS

As of _____ (Insert Date)¹

	<u>Balance</u>
Cash on Hand	\$ _____
Checking Account	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Money Market Account	\$ _____
Investments: Stocks, Bonds, etc. Description: _____	\$ _____
Accounts and Notes Receivable ² Description: _____	\$ _____
Other Current Assets	\$ _____
Description: _____	
Real Estate	\$ _____
Description: _____	
Fixed Assets, except Auto (less depreciation)	\$ _____
Description: _____	
Other Assets (automobiles personal property, etc.)	\$ _____
Description: _____	
TOTAL ASSETS:	\$ _____

¹Attach additional sheet if necessary.

²Must attach evidence.

STATEMENT OF LIABILITIES
Current Liabilities¹

Balance

Accounts Payable (credit cards, etc.)		\$ _____
Description: _____		\$ _____
Description: _____		\$ _____
Description: _____		\$ _____
Notes Payable, Mortgage and Auto Loans (list each lender separately)		
Lender: _____		\$ _____
Description of Collateral: _____		\$ _____
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 _____%

Attach additional sheet if necessary.

I, the undersigned, state that I am authorized to sign the within Personal Financial Questionnaire, that I have read and signed this Personal Financial Questionnaire and know the contents thereof and attest that the statements made therein are true. By signing below, I represent that I have personally 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