



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
www.mld.nv.gov

BUSINESS PRACTICE QUESTIONNAIRE (Credit Service Organization)

Mail to the Division of Mortgage Lending at the above address.

This Business Practice Questionnaire must be typed or printed clearly in ink. If additional space is required to answer any question, please continue on a blank 8-1/2 x 11" sheet of paper and begin each carryover answer with the number of the question being answered. If an exemption is given, there is a required \$25.00 non-refundable administrative fee, made payable to the Division of Mortgage Lending.

1. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion or misappropriation of property or any other felony or misdemeanor?

Yes No

If the answer is "Yes," please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

2. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, had a judgment or administrative order entered against them? This includes stipulated judgments or orders entered within the last 7 years.

Yes No

If the answer is "Yes," please identify the court or administrative agency rendering the judgment or order against the person and provide the docket number of the matter, the date of the judgment or order, the name of the governmental agency, if any, that brought the action resulting in the judgment or order and briefly describe the matter.

3. Is any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, currently subject to an effective injunction or restrictive court or administrative order relating to a business activity as the result of any action brought by a federal, state or local agency? This includes any action affecting any license or registration authorizing him to do business or practice an occupation or trade?

Yes No

If the answer is "Yes," identify the court or administrative agency issuing the order against the person, provide the docket number of the matter, the date of the order, the name of the governmental agency, if any, that brought the action resulting in the order, and briefly describe the matter.

4. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, filed bankruptcy, been adjudicated bankrupt or been reorganized because of insolvency during the previous 7 years?

Yes No

If the answer is "Yes," provide the name and address of the person filing bankruptcy, adjudged bankrupt or reorganized because of insolvency, the date of the action, the court which exercised jurisdiction and the docket number of the matter.

5. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, been employed by or associated with any business that has filed bankruptcy within the last 7 years?

Yes No

If the answer is "Yes," identify the court and provide the docket number of the matter and the date of the order or judgment.

6. List the name and address of each person responsible for a location from which the business will conduct business.

Name	Address	Business Location

7. List the name, address and phone number of each salesman to be employed by or otherwise associated with the business.

Name	Address	Phone No.

8. When did the business first begin to operate in Nevada?

Month day, year: _____

9. Does the business use any assumed or fictitious name to conduct business?

Yes No

If the answer is "Yes," provide all such names:

10. Are there any companies affiliated with the business that will engage in a business transaction with a consumer that relates to any sale solicited by the business?

Yes No

If the answer is "Yes," provide the name and address of each such company:

Name	Address

11. Are there any companies affiliated with the business that will accept responsibility for any statement or act of the business?

Yes No

If the answer is "Yes," provide the name and address of each such company and indicate whether the business is a non-profit or for profit business:

Name	Address	Non-Profit or For Profit
		<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
		<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit

12. If the business is non-profit, does the business have tax-exempt status as an organization described in section 501(c)(3) of the Internal Revenue Code?

Yes No

13. Does the business have a state and local business license?

Yes No Pending – provide evidence of a date-stamped application

14. Will you have salespeople?

Yes No

15. Please attach a list of the clients for whom you will be soliciting.

16. Do the business or salespeople represent, imply, sell, provide or perform services related to an improvement in a buyer's credit record, history or rating in return for the payment of money or other valuable consideration?

Yes No

17. Do the business or salespeople represent, imply, sell, provide or perform services related to obtaining an extension of credit for a buyer in return for the payment of money or other valuable consideration?

Yes No

18. Do the business or salespeople represent, imply, sell, provide or perform counseling services or assistance to a person in establishing or effecting a plan for the payment of his indebtedness in return for the payment of money or other valuable consideration?

Yes No

19. Is the counseling or assistance provided by and within the scope of the authorized practice of a debt adjuster licensed pursuant to Chapter 676 of NRS?

Yes No

20. Do the business or salespeople represent, imply, sell, provide or perform services related to advising or assisting a buyer with regard to the improvement of a buyer's credit record in return for the payment of money or other valuable consideration?

Yes No

21. Do the business or salespeople represent, imply, sell, provide or perform services related to advising or assisting a buyer with regard to obtaining an extension of credit for a buyer?

Yes No

22. Is the business or any salesperson organized, chartered, or holding a license or authorization certificate to make loans or extensions of credit pursuant to the laws of the State of Nevada, any other state or the United States?

Yes No

If the answer is "Yes," list the type of license, state, regulatory or licensing agency and license or authorization number:

23. Is the business or any salesperson a bank, credit union, or savings and loan institution whose deposits or accounts are eligible for insurance by the Federal Deposit Insurance Corporation, the National Credit Union Share Insurance Fund, or a private insurer pursuant to NRS 678.755?

Yes No

24. Is the business or any salesperson a licensed real estate broker by this state where the person is acting within the course and scope of that license?

Yes No

25. Is the business or any salesperson licensed to practice law in this state and rendering services within the course and scope of his practice as an attorney at law?

Yes No

26. Is the business or any salesperson a broker-dealer registered with the Securities and Exchange Commission or the Commodity Futures Trading Commission and acting within the course and scope of such regulation?

Yes No

27. Is the business or any salesperson a person who, for fees, dues or on a cooperative basis, regularly engages in whole or in part in the business of assembling or evaluating information regarding consumer reports to third parties, regardless of the means or facility of commerce used to prepare or furnish the consumer reports?

Yes No

I hereby understand and certify, under penalty of perjury, that by signing this Business Practice Questionnaire, I am stating that the information contained herein is true and correct and that this Business Practice Questionnaire will be verified by the State of Nevada. I hereby give the State of Nevada my written consent to investigate the contents of this Business Practice Questionnaire and I hereby unconditionally agree to hold the State of Nevada harmless from any and all liability, damages, costs, fees, expenses, judgments, orders or charges of any kind that may occur or arise as a result of, or be in any way connected with, the information contained herein or the State of Nevada's investigation of such information. I have not omitted or neglected to provide any of the information requested herein or which Chapter 598 of NRS or any regulations or rules of practice enacted pursuant thereto is required to be provided herein.

Business Name: _____

By: _____
Authorized Signatory (Owner)

Name of Authorized Signatory (print or type):

Date: _____

PLEASE NOTE: If the business is a corporation or limited liability company, an officer of the business must sign this Business Practice Questionnaire. If the business is a general partnership or joint venture, a partner or joint venturer, as applicable, of the business must sign this Business Practice Questionnaire. If the business is a limited partnership, this Business Practice Questionnaire must be completed and signed by the general partner. If the business is a natural person, this Business Practice Questionnaire must be signed personally by the business. In addition, this Business Practice Questionnaire must be subscribed and sworn to in the presence of a Notary Public.

Subscribed and sworn to before me the _____ day of _____, 20 _____

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

My commission expires _____

Notary Signature _____

Notary Seal