

Applicant (company) full legal name: \_\_\_\_\_

<b>COMPANY FORM</b>	<b>ESCROW AGENCY APPLICATION FORM</b>	Type of Initial Application (check all that apply): <input type="checkbox"/> Principal Office 1 <sup>st</sup> License Application <input type="checkbox"/> Branch Office(s) 1 <sup>st</sup> License Application(s) Insert No. of Branch Applications _____ OR Type of License Amendment: <input type="checkbox"/> Principal Office Amendment <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> QE <input type="checkbox"/> Other <input type="checkbox"/> Branch Office Amendment <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> QE <input type="checkbox"/> Add Branch <input type="checkbox"/> Close Branch (office closure form)
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**BUSINESS TYPE:**

Escrow                                       Construction Control Only\*

\*Construction Control as defined in NRS 627.050.

**1. Identifying Information:** Provide Exact Name, Principal Business Address, Mailing Address (if different from business address), and Telephone Numbers of Applicant.

<p>(A) Entity Name (sole proprietor provide last, first and full middle name)</p> <p>_____</p>	<p>(B) IRS Employer Identification Number (SSN is allowed for sole proprietorship)</p> <p>_____</p>
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(C) (1) Fictitious or Trade name under which business primarily is or will be conducted, if different from 1A\*:

\_\_\_\_\_

\*An Applicant may be issued a license with only one fictitious name per license. If the Applicant intends to operate in more than one fictitious name, a separate license is required for each additional fictitious name.

(2) List any other name(s) by which the applicant conducts or will conduct business and the jurisdictions in which the name(s) are or will be used (Use the Application Addendum Form if additional space is necessary).

Name	Jurisdiction(s)
Name	Jurisdiction(s)
Name	Jurisdiction(s)

(D) Main Address: (Do not use P.O. Box)

\_\_\_\_\_

Number & Street                                      City                                      State                                      Zip+4/Postal Code

(E) Mailing Address, If different from main address:

\_\_\_\_\_

PO Box or Number & Street                                      City                                      State                                      Zip+4/Postal Code

(F) Telephone Numbers and Website

( )\_\_\_\_\_-\_\_\_\_\_-ext.\_\_\_\_\_      ( )\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Business Phone                                      Facsimile                                      Website address                                      e-mail address

(G) Other than the office in 1D, does the applicant conduct Nevada escrow business through branch locations?  YES     NO  
 (Branch locations must obtain a separate license prior to conducting business. Use the attached **Branch Location License Application Addendum** form to make application for branch office licensure.)

**AUTHORIZATION FOR VERIFICATION – COMPANY**

**TO WHOM IT MAY CONCERN:**  
 I, the undersigned official, of the applicant noted, hereby authorize and request you to provide the State of Nevada, Division of Mortgage Lending, any and all information and documentation that they request for purposes of verifying information provided in conjunction with an application for an escrow agency license, of for the purposes of conducting an investigation in accordance with Chapter 645A of the Nevada Revised Statutes.

BY: \_\_\_\_\_

Signature of Authorized Official                                      Date

\_\_\_\_\_

Printed Name of Authorized Official                                      Title

Applicant (company) full legal name: \_\_\_\_\_

**2. Contact Information for Applicant:**

(A) Contact person for this application:

\_\_\_\_\_  
Name and Title

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.ext.\_\_\_\_\_  
Business Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
PO Box or Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4/Postal Code

(B) Contact person for future compliance issues (if different from 2A):

\_\_\_\_\_  
Name and Title

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.ext.\_\_\_\_\_  
Business Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
PO Box or Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4/Postal Code

(C) Physical address of location where the official books and records of the applicant will be kept:

\_\_\_\_\_  
Records Custodian Name

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.ext.\_\_\_\_\_  
Business Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4/Postal Code

**3. Qualified Employee:** Provide all information concerning the proposed natural person designated to serve as the qualified employee for the principal office location.

(A) Proposed Qualified Employee:

\_\_\_\_\_  
Name and Title

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.ext.\_\_\_\_\_  
Business Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4/Postal Code

\_\_\_\_\_  
Escrow Agent Lic. No.

(B) Does the proposed Qualified Employee have at least 2 years of escrow experience in the past 5 years?  YES  NO

Describe the proposed Qualified Employee's escrow experience: (attach resume and copies of W2s and/or 1099s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Branch Locations:**

If the applicant answered "YES" to question 1(G), a separate license is required to conduct business from those branch locations. For each branch location complete and attach the **Branch Location License Application Addendum** and include with this application the appropriate fee for each branch location.

**5. Business Plan:**

Use and attach the Application Addendum Form to provide the general business plan of the applicant and a detailed statement of the activities in which the applicant will engage.

**6. Legal Status of Applicant:**

(A)  Corporation  Proprietorship  Partnership  Limited Liability Company  Other (specify) \_\_\_\_\_

(B) FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_ If the Applicant is publicly traded, please insert stock symbol: \_\_\_\_\_

(C) DATE OF INCORPORATION/ORGANIZATION: \_\_\_\_\_ STATE OF INCORPORATION/ORGANIZATION: \_\_\_\_\_

(D) NEVADA BUSINESS ID: \_\_\_\_\_

(E) NEVADA REGISTERED AGENT:

\_\_\_\_\_  
Name

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.ext.\_\_\_\_\_  
Business Phone

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4/Postal Code

Applicant (company) full legal name: \_\_\_\_\_

**7. Financial Information**

- (A) What is the applicant's fiscal year end (FYE)? \_\_\_\_\_
- (B) The applicant must attach and submit with this application a financial statement of the applicant that:
  - (1) Is dated not earlier than the last FYE of the applicant, if the applicant is an existing entity, or is dated not more than 3 months earlier than the application date, if the applicant is a new entity; and
  - (2) Has been prepared in accordance with GAAP by an independent certified public accountant authorized to practice in this state.
- (C) TRUST/ESCROW ACCOUNT INFORMATION (Provide the following information for each trust account or escrow account maintained by the applicant. If Necessary, attach additional sheets, referenced as "Addendum to Item No. 6C of {Applicant's Full Legal Name}").

Bank Name: \_\_\_\_\_ Trust/Escrow Account No.: \_\_\_\_\_

PO Box or Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**8. Surety Bond**

Each escrow agency is required to deposit and keep in full force and effect a corporate surety bond\* payable to the State of Nevada that is in an amount that is determined by the average monthly balance of the trust account or escrow account required to be maintained by the escrow agency. The applicant must submit its initial surety bond in an amount based upon the expected average monthly balance of the trust account or escrow account maintained by the applicant.

What is the applicant's expected average monthly balance of its trust account or escrow account? \$ \_\_\_\_\_

AVERAGE MONTHLY BALANCE	AMOUNT OF BOND OR SECURITY REQUIRED
\$50,000 or less	\$20,000.00
More than \$50,000 but not more than \$250,000	\$50,000.00
More than \$250,000 but not more than \$500,000	\$100,000.00
More than \$500,000 but not more than \$750,000	\$150,000.00
More than \$750,000 but not more than \$1,000,000	\$200,000.00
More than \$1,000,000	\$250,000.00

The applicant must submit the completed Escrow Agency Bond form\* with this application. It is the responsibility of an escrow agency to ensure that its surety bond or substitute form of security meets or exceeds the amount required above. Failure to keep and maintain a bond that meets or exceeds the required amount is a violation of NRS 645A and subject to administrative discipline.

\*In the alternative, an escrow agency may deposit a "substitute form of security" that meets the requirements of NRS 645A.042. If an applicant intends to use a "substitute form of security" the applicant should contact the Division of Mortgage Lending, Licensing Section at (775) 684-7060.

**9. Control Persons: The following individuals must attach and submit the INDIVIDUAL BACKGROUND FORM.**

Provide the following information for all (1) ownership\*, (2) executive officers, (3) directors, and (4) any person who has the authority to, directly or indirectly, participate in the management or policies of the applicant. (\* NOTE: 100% of ownership of the applicant must be disclosed, but only those owning 5% or more need to submit the Individual Background Form. Use the Application Addendum Form if additional space is necessary).

Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership

**10. Employees or Agents Employed and Associated at Location**

Provide the name and following information for all employees and escrow agents that will be employed by or associated with the applicant at this location. (Use the Application Addendum Form if additional space is necessary).

Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	License No. (if applicable)	Job Description

Applicant (company) full legal name: \_\_\_\_\_


**11. State References**

(A) Enter the appropriate number in the box for each jurisdiction where the applicant is or has ever been licensed to engage in any escrow related business.  
 Enter "1" if the applicant is newly applying in that jurisdiction.  
 Enter "2" if the applicant has a pending application in that jurisdiction.  
 Enter "3" if the applicant is already licensed/registered in that jurisdiction.  
 Enter "4" if the applicant is surrendering/canceling in that jurisdiction.  
 Enter "5" if the applicant was formerly licensed/registered in that jurisdiction.

STATE											
AL		FL		LA		NE		OK		VT	
AK		GA		ME		NV		OR		VA	
AZ		HI		MD		NH		PA		WA	
AR		ID		MA		NJ		RI		WV	
CA		IL		MI		NM		SC		WI	
CO		IN		MN		NY		SD		WY	
CT		IA		MS		NC		TN			
DE		KS		MO		ND		TX			
DC		KY		MT		OH		UT			

For each state marked, attach an Application Addendum Form providing the name of the licensee, type of license, license number, and the name, phone, fax, email, and contact person of the regulatory agency issuing the license.

**12. Disclosures**

**If the answer to any of the following questions is "YES", the applicant must provide complete details of all events and proceedings, including copies of all relevant documents, on an Application Addendum Form that references the question number.**

(A) Criminal Disclosure	YES	NO
(1) Has the applicant ever:		
(b) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(c) been charged with any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) (a) In the past 10 years has the applicant been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial service-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, (ix) extortion, or (x) breach of trust?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are there any charges pending against the applicant for a misdemeanor specified in (2)(a)?	<input type="checkbox"/>	<input type="checkbox"/>

(B) Regulatory Action Disclosure	YES	NO
(1) In the past 10 years, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:		
(a) Found the applicant to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Found the applicant to have been involved in a violation of a financial services-related regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Denied, suspended, revoked or restricted the authorization of the applicant to operate a financial services-related business?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Entered an order against the applicant in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there any pending regulatory action proceeding against the applicant for any alleged violation described in (B)(1)(a) through (d)?	<input type="checkbox"/>	<input type="checkbox"/>

(C) Civil Judicial Disclosure	YES	NO
(1) Has any domestic or foreign court, in the past 10 years:		
(a) Enjoined the applicant in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Found the applicant was involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>

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(c) Dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there any pending financial services-related civil action against the applicant for an alleged violation described in (C)(1)(a) through (c)?	<input type="checkbox"/>	<input type="checkbox"/>

(D) Financial Disclosure	YES	NO
(1) In the past 10 years has the applicant been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Has a bonding company ever denied, paid out on, or revoked a bond for the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Does the applicant have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**Escrow Agency Signature and Oath of Applicant**

The undersigned swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge and that I am authorized to submit this application on behalf of the applicant. Further, the provisions of Chapter 645A of the Nevada Revised Statutes and related regulations have been reviewed by the control persons and qualified employee of the applicant as listed herein, and all employees of the applicant will be made aware of such laws and regulations and amendments adopted hereafter. This application is submitted in furtherance of the applicant's desire to obtain a license to engage in the business of an escrow agency, as defined in NRS 645A. Any false statement or omission of material information in connection with this application shall be punished as provided in the law and may subject the applicant to denial of a license or revocation of a license granted.

<p>BY: _____</p> <p style="margin-left: 40px;">Signature of Authorized Official</p> <p style="margin-left: 300px;">_____</p> <p style="margin-left: 300px;">Date</p> <p>_____</p> <p style="margin-left: 40px;">Printed Name of Authorized Official</p> <p style="margin-left: 300px;">_____</p> <p style="margin-left: 300px;">Title</p>	<p>NOTARY:</p> <p>State of _____ County of _____</p> <p>On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____,</p> <p>Personally known to me, or proved to me through government-issued documentary evidence in the form of _____ to be the person who signed the proceeding document in my presence and swore to me that the signature is voluntary and the document truthful.</p> <p>My commission expires _____</p> <p>Official Seal and signature of notary:</p>
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Applicant (company) full legal name: \_\_\_\_\_

**APPLICATION ADDENDUM FORM**

(Use for any item that requires additional space to provide a complete response. Insert the applicant's name above and identify the item no. this addendum relates to.)

ITEM NO. \_\_\_\_\_

Large empty rectangular area for providing a complete response.

Applicant (company) full legal name: \_\_\_\_\_

<b>BRANCH LOCATION LICENSE APPLICATION ADDENDUM</b> (Complete Separate Addendum for <u>each</u> Branch Location)	<b>Escrow Agency Principal Office Information:</b>
	Entity Name _____
	Physical Address _____ _____
	Entity Escrow Agency License Number (If Application Pending, indicate "Pending") _____

Branch Location Business Activity:

- Escrow                       Construction Control Only\*

\*Construction Control as defined in NRS 627.050.

**1. Identifying Information:**

(A) Branch Location Address: (Do not use P.O. Box)

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Number & Street                      City                      State                      Zip+4/Postal Code

(B) Mailing Address, If different from branch location address:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
PO Box or Number & Street                      City                      State                      Zip+4/Postal Code

(C) Telephone Numbers and Website

( ) - ext.                      ( ) -                      \_\_\_\_\_  
Business Phone                      Facsimile                      Website address                      e-mail address

(D) Does this branch location conduct business in any trade name(s)?     Yes     No

(E) If YES, indicate the trade name:

\_\_\_\_\_

**2. Books and Records:**

(A) Are the branch location books and records kept at the same physical location as the principal location?     Yes     No

(B) If not, provide the physical address of location where the official books and records of the branch location will be kept:

\_\_\_\_\_                      ( ) - ext.                      ( ) -                      \_\_\_\_\_  
Records Custodian Name                      Business Phone                      Facsimile                      e-mail address

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Number & Street                      City                      State                      Zip+4/Postal Code

**3. Qualified Employee:** Provide all information concerning the proposed natural person designated to serve as the qualified employee for this branch office location.

(B) Proposed Qualified Employee:

\_\_\_\_\_                      ( ) - ext.                      ( ) -                      \_\_\_\_\_  
Name and Title                      Business Phone                      Facsimile                      e-mail address

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Number & Street                      City                      State                      Zip+4/Postal Code

Escrow Agent Lic. No. \_\_\_\_\_

(B) Does the proposed Qualified Employee have at least 2 years of escrow experience in the past 5 years\*?     YES     NO

\* Submit Resume of proposed QE and copies of W-2s/1099s.

Describe the proposed Qualified Employee's escrow experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant (company) full legal name: \_\_\_\_\_

**4. Employees or Agents Employed and Associated at Branch Location**

Provide the name and following information for all employees and escrow agents that will be employed by or associated with the applicant at this location. (Use the Application Addendum Form if additional space is necessary). Any person that engages in the activity of an escrow agent must obtain an escrow agent license.

Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	License No. (if applicable)	Job Description

**5. Bond Coverage:** Provide the following information concerning the surety bond (or substitute form of security) that the branch location applicant is covered by.

\_\_\_\_\_  
Name of Principal    Name of Surety    Bond No.    Amount of Bond

**Escrow Agency Signature and Oath of Applicant**

The undersigned swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge and that I am authorized to submit this application on behalf of the applicant. Further, the provisions of Chapter 645A of the Nevada Revised Statutes and related regulations have been reviewed by the control persons and qualified employee of the applicant as listed herein, and all employees of the applicant will be made aware of such laws and regulations and amendments adopted hereafter. This application is submitted in furtherance of the applicant's desire to obtain a license to engage in the business of an escrow agency, as defined in NRS 645A. Any false statement or omission of material information in connection with this application shall be punished as provided in the law and may subject the applicant to denial of a license or revocation of a license granted.

<p>BY: _____ Signature of Authorized Official                          Date</p> <p>_____ Printed Name of Authorized Official                          Title</p>	<p>NOTARY:</p> <p>State of _____ County of _____ On this ____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, Personally known to me, or proved to me through government-issued documentary evidence in the form of _____ to be the person who signed the proceeding document in my presence and swore to me that the signature is voluntary and the document truthful.</p> <p>My commission expires _____</p> <p>Official Seal and signature of notary:</p>
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