

Individual's full legal name: _____
(Last Name, First Name, Middle Name)

Applicant (company) full legal name: _____

INDIVIDUAL FORM	ESCROW AGENT APPLICATION and ESCROW AGENCY CONTROL PERSON BIOGRAPHICAL STATEMENT AND CONSENT	Type of Application (check all that apply): <input type="checkbox"/> Escrow Agent Application <input type="checkbox"/> Control Person Background <input type="checkbox"/> Escrow Agent Change of Association (Complete Secs. 1, 8, & 9, and ensure submission of MLD Form 607)
This form must be completed and submitted by each applicant for an escrow agent license and each control person identified in Section 9 of the Escrow Agency Company Form.		
1. Individual's Identifying Information:		
(A) Full last, first and middle names: Last Name _____ First Name _____ Middle Name _____ Suffix (if any) _____		
(B) Social Security Number: _____ - _____ - _____ (C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (D) Date of Birth (MM/DD/YYYY): _____ (E) Place of Birth: _____ State/Province _____ Country _____ (F) Hair Color: _____ (G) Eye Color: _____ (H) Height: _____ (I) Weight: _____ (J) US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO (K) Driver's License / Government ID Number: _____ (K) State of Driver's License / Government ID Issuance: _____		
(L) List all name(s), other than you legal name, you have used or are using, or by which you were known since the age of 18. Include nicknames, aliases, and names used before or after marriage. (use additional sheets if necessary). Name _____ Name _____ Name _____ Name _____		
(M) Current Residence Address: Number and Street _____ City _____ State _____ Zip Code _____		
(N) Telephone Numbers and email addresses: () _____ - _____ () _____ - _____ ext. _____ () _____ - _____ Home Phone Cellular Phone Business Phone Facsimile e-mail address _____		
AUTHORIZATION FOR BACKGROUND INVESTIGATION		
I hereby give the State of Nevada, Division of Mortgage Lending, its directors, officers, employees, agents and representatives (the "Division"), my written consent to conduct a background investigation of me to determine my qualifications and suitability to be issued a license under NRS 645A or to be approved to be a control person of an applicant or licensee under NRS 645A. In connection with the background investigation of me, I understand that I am required, and agree, to authorize the Division to obtain a personal credit report through an independent consumer reporting agency, and to provide to the Division a complete set of fingerprint cards 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 hereby further authorize and request that all persons to whom this request is presented having documents, records or information relating to or concerning me to furnish such documents, records or information to a duly appointed agent of the Division for review and copying, whether or not such information would otherwise be protected by any constitutional, statutory or common law privilege. If the person to whom this request is a financial institution, I hereby authorize and request that a duly appointed agent of the Division be permitted to review and obtain copies of any and all documents and records pertaining to me, including but not limited to existing and past loan documents, account records, and safe deposit records.		
I have filed with the Division an "application" to be licensed or to be approved to be a control person of an applicant or licensee. 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 person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of or by reason of complying with this request.		
I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.		
A reproduction of this request by copy machine or similar process shall be for all intents and purposes as valid as the original.		
BY: _____ Signature of Individual _____ Printed Name of Individual _____ Date		NOTARY: 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. Official Seal and signature of notary

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2. Residential History: Starting with your current address, provide all addresses for the past 10 years.

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

3. Employment History: Beginning with your current or most recent employment, provide a complete employment history for the past 10 years. Account for all time, including full and part-time employment, self-employment, military service, and homemaking. Also include periods of unemployment, full-time student, extended travel, etc. Indicate "YES" or "NO" whether this employment was a financial service-related business.

From (MM/YYYY)	To (MM/YYYY)	Employer (Company Name)	Title/Position	State or Province	Zip or Postal Code	YES or NO?

4. Escrow Experience: Provide a detailed description of your work experience in the escrow industry or business of administering escrows.

5. Other Businesses:

<p>Are you currently engaged in any other business(es) either as a proprietor, partner, officer, director, employee, trustee, agent, or otherwise? (Exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: whether the business is financial services-related; the address of the other business; the name of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as necessary.)</p> <p>Details:</p>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Individual's full legal name: _____
(Last Name, First Name, Middle Name)

Applicant (company) full legal name: _____

6. Professional Licensing History: If you hold, or have held, a professional license or financial services license (e.g., attorney, securities, CPA, real estate*, escrow agent/officer, mortgage, etc.), provide the dates of licensure, state of licensure, issuing agency, type of license, and status.
**A person may not be licensed as an escrow agent or escrow agent or be a control person of an escrow agency under NRS 645A if the person also holds a real estate license pursuant to NRS 645. (NRS 645A.020.6)*

From (MM/YYYY)	To (MM/YYYY)	Issuing State or Province	Issuing Agency	License Type	License Status

ESCROW AGENT APPLICANTS ONLY. Items 7 through 9 below are only applicable to an individual applying for an Escrow Agent License. If the individual completing this form is a control person only, please indicate "N/A" and proceed to item 10.

7. Pre-Licensing Education: Prior to making application for an escrow agent license, the applicant must complete at least 15 hours of approved instruction that meets the requirements set forth in [NAC 645A.070](#). Provide the following information concerning the applicant's pre-licensing education and attach the certificate of completion for each course.

Course Name	Provider Name (Company)	Instructor Name(s) (Individual(s))	Credit Hours	Date Completed (MM/DD/YYYY)	Instruction Type (Classroom/Online)	Certificate Attached? Yes No
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>

8. Request to Associate: An escrow agent may not act as or provide the services of an escrow agent on behalf of any escrow agency other than an escrow agency that has notified the Commissioner that the escrow agent is employed by and associated with the escrow agency. The following must be completed by the employing escrow agency and the escrow agent applicant.

Employing Escrow Agency – The escrow agency ("employing escrow agency") identified below intends to associate with and employ _____
(the "applicant") as an escrow agent upon approval of this application. To the best of my knowledge, at the time of approval, the applicant will be familiar with NRS 645A and NAC 645A, and will be fully qualified to serve in the position of an escrow agent. I understand that the employing escrow agency is required to supervise and oversee, and is responsible for, the activities and conduct of the applicant and that the applicant may not begin employment or perform the activities of an escrow agent in Nevada until this application is approved. I further understand that if the applicant's employment or association is later terminated for any reason, I am required to file a termination of employment form in accordance with NRS 645A.196.

Name of Employing Escrow Agency Escrow Agency License No. Signature of Authorized Party Escrow Agency Printed Name and Title of Authorized Party Date

Escrow Agent Applicant – I have made application for a license as an escrow agent. Upon approval and issuance of the license, I will be associated and employed with the above-named escrow agency. I understand that I may not perform the activities of an escrow agent until my application is approved. I also understand that 1) I may not perform the activities of an escrow agent unless I am associated and employed by an escrow agency and that association has been accepted by the Commissioner, 2) I may not be associated or employed by more than escrow agency at a time, 3) I may not directly or indirectly receive any compensation for escrow agent activity from any person other than the escrow agency that I am associated and employed by, and 4) if my employment or association with the above-named escrow agency is later terminated for any reason, I may not act as an escrow agent until I am duly associated and employed by another escrow agency.

Signature of Applicant Date

9. Bond Coverage: Each escrow agent must be covered by a surety bond (or substitute form of security) supplied by the escrow agency. Provide the following information concerning the surety bond (or substitute form of security) the escrow agent applicant is covered by.

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

Individual's full legal name: _____
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10. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings, including copies of all relevant documents, in a Disclosure Addendum that references the question number.

Financial Disclosure		
	YES	NO
(A)		
(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have you been the subject of a foreclosure action within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
(C) Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Are you delinquent on any court ordered child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Disclosure		
	YES	NO
(F)		
(1) Have you ever 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"/>
(2) Are there pending charges against you for any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever 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"/>
(2) Are there pending charges against any organization for any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(H)		
(1) Have you ever 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 services-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"/>
(2) Are there pending charges against you for a misdemeanor specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against any organization for any misdemeanor specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
	YES	NO
(J)		
(1) Has any domestic or foreign court ever:		
(a) enjoined you in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (J)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
	YES	NO
(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:		
(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
(3) found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against you in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) revoked your registration or license?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied or suspended your registration or license or application for licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(7) barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business?	<input type="checkbox"/>	<input type="checkbox"/>
(8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(9) entered an order concerning you in connection with any license or registration?	<input type="checkbox"/>	<input type="checkbox"/>
(L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (K) through (L) above against any organization?	<input type="checkbox"/>	<input type="checkbox"/>
(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)?	<input type="checkbox"/>	<input type="checkbox"/>
(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (K) through (L)?	<input type="checkbox"/>	<input type="checkbox"/>

Customer Arbitration/Civil Litigation Disclosure

	YES	NO
(P) Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:		
(1) is still pending?	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action?	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>

Termination Disclosure

	YES	NO
(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>

10. Fingerprint Cards: Each applicant for an escrow agent license and each control person identified in Section 8 of the Escrow Agency Company Form must submit with this application two completed fingerprint cards. Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.

11. Individual's Acknowledgment and Consent

I, the undersigned, swear and affirm that I executed this Individual Background Form on my own behalf, and agree to and represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this Individual Background Form, are current, true, accurate and complete and are made under the penalty of perjury. I further swear and affirm that this statement is executed with the knowledge that a false statement, misrepresentation or failure to reveal information requested is grounds for refusal to issue a license or the revocation of a licensed issued.

<p>BY: _____ Signature of Individual</p> <p>_____ Printed Name of Individual</p> <p>_____ Date</p>	<p>NOTARY: 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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13. Civil Applicant Waiver and Notice of Noncriminal Justice Applicant's Rights



As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the State of Nevada, Division of Mortgage Lending that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize the State of Nevada, Division of Mortgage Lending, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Individual's full legal name: _____
(Last Name, First Name, Middle Name)

Applicant (company) full legal name: _____

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

To be Completed by the Division:

Submitting Agency: _____

Address: _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____

Individual's full legal name: _____
(Last Name, First Name, Middle Name)

Applicant (company) full legal name: _____

DISCLOSURE ADDENDUM

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

ITEM NO. _____