

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

DESIGNATION OF QUALIFIED EMPLOYEE

A **“qualified employee”** is a licensed escrow agent who is designated by an escrow agency and approved by the Commissioner to act on behalf of the escrow agency and to supervise and control the business of administering escrows at an office designated in a license issued to the escrow agency.

A natural person designated as a qualified employee must:

1. Be approved by the Commissioner to serve as a qualified employee for the licensed escrow agency,
2. Be a licensed escrow agent in good standing pursuant to chapter 645A of NRS;
3. Be designated to serve as the qualified employee at only one place of business and will be present at that place of business for a majority of the hours that the office is open to the public;
4. Have at least two years of verifiable experience in the business of administering escrows within the five years immediately preceding the designation (submit copies of two years' W-2s showing employment with an escrow agency); and
5. Be designated by the escrow agency to act on behalf of the escrow agency and to supervise and control the conduct of business of the escrow agency and its escrow agents at the place of business.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for designation of a qualified employee as follows:

Company Information:

Escrow Agency Licensee Name:

MLD License No.: _____

Address: _____

Street

City

State

Zip

Telephone No.: _____ E-Mail: _____

(Mandatory)

Fax No.: _____

Qualified Employee Information:

Name: _____

First

Middle

Last

MLD License No.: _____

Home Address: _____

Street

City

State

Zip

Social Security No.: _____

Telephone No.: _____ E-Mail: _____

Is the proposed qualified employee an owner of the company? Yes No

I, the undersigned, state that I am authorized to sign the within Designation of Qualified Employee on behalf of the Licensee named herein; that I have read and signed said Designation of Qualified Employee and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally completed this Designation of Qualified Employee and verified the information contained herein.

Name of Licensee: _____
(Escrow Agency)

By: _____ Printed Name: _____
Authorized Signatory (Owner or Principal Officer)

Date: _____

Mail form to address shown at top of form.