

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

REQUEST FOR APPROVAL TO CLOSE OFFICE/SURRENDER LICENSE

****IMPORTANT****

No Licensee may close a main office or branch office or location or surrender a license without first obtaining the approval of the Commissioner. To request the approval of the Commissioner to close a main office or branch office location, or surrender a license, a Licensee must complete this form and return it and all required supporting information to the Division of Mortgage Lending at the above address.

A Licensee must maintain an office in Nevada. If a Licensee closes its only Nevada location, it must also close any licensed offices/branches located outside Nevada.

The undersigned hereby requests that the Commissioner of the Division of Mortgage Lending approve the office closure for the following license type (check a box):

<input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Main Office <input type="checkbox"/> Principal Nevada Office <input type="checkbox"/> Branch Office	<input type="checkbox"/> Mortgage Banker <input type="checkbox"/> Main Office <input type="checkbox"/> Principal Nevada Office <input type="checkbox"/> Branch Office
<input type="checkbox"/> Escrow Agency <input type="checkbox"/> Main Office <input type="checkbox"/> Principal Nevada Office <input type="checkbox"/> Branch Office	<input type="checkbox"/> Covered Service Provider <input type="checkbox"/> Main Office <input type="checkbox"/> Principal Nevada Office <input type="checkbox"/> Branch Office

Provide all of the following:

Licensee Information	Record Maintenance Information
1. Licensee's Name (as it appears on its license): _____ 2. MLD License No.: _____ 3. NMLS ID (if applicable): _____ 4. Address of Closing Office: _____ _____ 5. Effective Date of Office Closure: _____	1. Provide the Address where the Licensee's Books and Records and Loans and Contract Files will be Maintained for the next 4 years (or 6 years if escrow agency): _____ _____ 2. Documents to be stored as: <input type="checkbox"/> Hard Copy Files <input type="checkbox"/> Electronic Files 3. Provide the Name and Address of the Person Responsible for the Maintenance of the Records ("Responsible Person"): _____ _____ 4. Provide the Responsible Person's: a. Telephone No.: _____ b. E-mail Address: _____

****NOTE****

- A Mortgage Broker or Mortgage Banker that sponsors mortgage agents through NMLS must go into NMLS and terminate their sponsorship of all mortgage agents affected by the office closure subject to this request or amend the relationship and employment history of agents to move them to an active office.
- All fees, assessments, fines and costs owed to the Division must be paid before office closure. Outstanding amounts due to the Division will be pursued to the fullest extent of the law.
- The expiration or voluntary surrender of a license does not prohibit the Commissioner from initiating or continuing an investigation of or disciplinary proceeding against a former Licensee for activity conducted while licensed.

A Licensee Requesting Closure Must Submit the Following Items:

- ☐ Evidence of termination or transfer of mortgage agents, escrow agents, or associated licensees. Company or branch level, as applicable.
- ☐ Return of original Mortgage Broker, Mortgage Banker, Escrow Agency, or Covered Service Provider licenses. Company or branch level, as applicable.
- ☐ On a separate sheet, provide the status of any incomplete escrow and/or loan servicing contracts, applications for mortgage loans or incomplete contracts for covered services (pipeline report) and the manner in which the loans or contracts will be finalized. Company or branch level, as applicable.

At this location:

Does the licensee maintain trust accounts: Yes ☐ No ☐

If yes, and the company is closing, on a separate sheet provide an accounting of all trust accounts maintained by the licensee and the plan for distribution of money in the account:

Does the licensee service any mortgage loans: Yes ☐ No ☐

If yes, and the company is closing, on a separate sheet provide the name, address, phone number and contact person of the servicer to which the mortgage loans will be transferred.

Does the licensee maintain a website: Yes ☐ No ☐

Website Address: _____

If yes, the licensee hereby certifies the company or branch office website or references have been disabled.

I/We declare, under penalty of perjury, that we have read the foregoing, including matters incorporated by reference, and attest to the accuracy of the information provided to the Division that it is true to the best of our knowledge and belief. I represent that I am authorized to complete and submit this form to the Commissioner.

LICENSEE

By: _____
Authorized Signatory (Owner)

Print Name

Title

Telephone Number

Date

E-mail Address

For Division Use Only:			
<input type="checkbox"/> Verified no trust accounts		Initials:	Date:
<input type="checkbox"/> If licensee maintained trust account accounting of such received and verified		Initials:	Date:
<input type="checkbox"/> If licensee has loans in pipeline transfer or closing plan received and verified		Initials:	Date:
<input type="checkbox"/> If licensee services loans transfer information verified		Initials:	Date:
<input type="checkbox"/> If licensee has active agents termination verified		Initials:	Date:
<input type="checkbox"/> Verified no loans in pipeline		Initials:	Date:
<input type="checkbox"/> Verified licensee does not service		Initials:	Date:
<input type="checkbox"/> Verified no active agents		Initials:	Date:
<input type="checkbox"/> Verified website has been deleted or amended		Initials:	Date:
<input type="checkbox"/> Verification no outstanding fees/fines/assessments		Initials:	Date:
<input type="checkbox"/> Closure approved by Supervisory Examiner		Initials:	Date:
<input type="checkbox"/> Closure approved by Other Mgmt. Personnel		Initials:	Date: