

## APPLICATION FOR CHANGE OF CONTROL (Mortgage Broker, Mortgage Banker, Escrow Agency, and

ge Broker, Mortgage Banker, Escrow Agency, Covered Service Provider)

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

Pursuant to NRS 645B.095, NRS 645E.390, NRS 645A.085(2) and NAC 645F.405, mortgage brokers, mortgage bankers, escrow agencies, and covered service providers are required to apply to the Commissioner of the Division of Mortgage Lending for approval of a change of control, i.e. a transfer of voting stock which results in giving a person, directly or indirectly, the power to direct the management and policy of a mortgage broker, mortgage banker, escrow agency or covered service provider; or a transfer of at least 25% of the outstanding voting stock.

Pursuant to NAC 645B.057, NAC 645E.315, NRS 645A.085 and NAC 645F.405, the application for a change of control must be submitted to the Commissioner not later than 30 days before the proposed change. This form is being submitted in connection with an application for a change of control of a (check a box):					
		Mortgage Broker		Mortgage Banker	
		Escrow Agency		Covered Service Provider	
Corporate Name	:				
DBA name, if any	y:				
Nevada Office Ad	ddress:				
			Street Addre	ess	
		City		State	Zip
E-mail address for	or all corre	espondence:			
Qualified Employ	/ee:				
Telephone No.: _			Fax No.:		
Person completir	ng this for	m:			
Telephone No. (I	f different	than above):			
Application for Chang MLD Form 701 Rev. Page 1 of 20		ı			

Do you maintain any client trust accounts pursuant to \*\*NRS 645B.175? 
Yes No

\*\*Investor funds deposited directly with the broker, or funds related to third-party servicing of loans made by the broker; doesn't include fees for appraisal, credit, or other third-party costs.

Do you maintain any client trust accounts pursuant to NAC 645F.465?	🗌 Yes	🗌 No
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Name(s) Of Owner(s)	Percentage Of Interest Held (Must Total 100%)	Will The Owner Originate Loans Under The Nevada License?
		🗌 Yes 🗌 No

### 1. Required Items:

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- Copy of Buy/Sell Agreement.
  - Non-Personal History Record on behalf of the acquiring applicant/entity.
- Last two years financial statements on the acquiring applicant/person.
- All owners of the acquiring entity who will conduct residential mortgage activity in Nevada on behalf of the licensed entity or directly supervise persons conducting residential mortgage activity, such as a qualified employee, who are not currently licensed as a mortgage agent in Nevada must submit an Application for Mortgage Agent License and Checklist through the NMLS.
- **\$500.00** non-refundable application fee for mortgage broker, mortgage banker and escrow agency; or
- **\$250.00** non-refundable application fee for covered service provider (Make check payable to "Division of Mortgage Lending.")
- Copy of Organizational Chart after Change of Control occurs.
- 2. Qualified Employee must submit:
  - Designation of Qualified Employee Form.
  - If the designated qualified employee is not the current qualified employee, or is not currently licensed as a mortgage agent in Nevada then the designated qualified employee must submit an Application for Mortgage Agent License and Checklist through the NMLS. (Applicable to Mortgage Brokers or Mortgage Bankers only.)

3. All owners of the company, each person who has the power to direct management and policy of the company and the qualified employee must submit:

Child Support Statement (Pursuant to NRS 645A.025, NRS 645B.023, NRS 645B.420, NRS
645E.210 and NAC 645F.215, required regardless of any support obligations.)
Two sets of fingerprints or two completed fingerprint cards. (Cards are available at local law
enforcement agencies. Only Form FD-258 will be accepted.)
Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.

Attach additional pages as necessary.

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

### APPLICANT'S SIGNATURE:

Name of Mortgage Banker, Mortgage Broker, Escrow Agency or Covered Service Provider):

By:

Authorized Signatory (Owner)

Name (print or type)

Date

Subscribed and sworn to before me this	day of		, 20	
Notary public in and for the County of		, State of		
My commission expires				
Notary Signature				
Notary Seal				

# **CHILD SUPPORT STATEMENT**

This Child Support Statement must be completed, signed and returned with your application. Failure to submit a fully completed and signed Child Support Statement will result in the delay of processing of your application and may result in your application for licensure being denied. (NRS 425.520, 645A.025, 645B.023, 645B.420, 645E.210 and NAC 645F.215.

Please check one box:

1		7	

I am not subject to a court order for the support of a child.

- I am subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date

www.mld.nv.gov

## PERSONAL HISTORY RECORD (Submit For Natural Persons)

This Personal History Record is to be completed by each natural person who acquires voting stock which results in acquiring, directly or indirectly, the power to direct the management and policy of a mortgage broker, mortgage banker, escrow agency or covered service provider; or a transfer of at least 25% of the outstanding voting stock. Please indicate for whom this form is being submitted:



Natural Person Proposed gualified employee

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

Full Legal Name:					
	First	Middle	Las	t	
Residence Address:					
	Address	City	Sta	ite Z	ip
Residence Phone:		Business Phone:		Cell:	
Gender:	Hair Color:	Eye Color:	Height:	Weight:	
Birthdate:		Birthplace:			
Social Security No.:		Driver's	License No.:		
State of Driver's Lice	ense Issuance:				

Name and address of the company for which licensing affiliation is requested:

Name of Company

Address of Company: \_\_\_\_\_\_ Street Address

City

State

Zip

1. Residential Addresses For The Last 5 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	То	Street	City	State	Zip
	Present				

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States?	Yes	No
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If no, Registration No.:

If naturalized, Certificate No.: \_\_\_\_\_ Date:

If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.

2. <u>Employment</u> (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	То	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

### 3. <u>Disclosure Items</u>

You are **required** to provide an explanation for 'yes' answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

### INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY IN PROCESSING YOUR APPLICATION

a. Have you ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

[]Yes []No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

b. Have you **ever** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

[]Yes []No

c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) *ever* had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

[]Yes []No

If the answer is "Yes," give details:

d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

[]Yes []No

If the answer is "Yes," give details:

e. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

[]Yes []No

If the answer is "Yes," give details:

f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

[]Yes []No

If the answer is "Yes," give details:

g. Do you have a relative that is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

[]Yes []No

h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

[]Yes []No

If the answer is "Yes," give details:

i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

[]Yes []No

If the answer is "Yes," give details:

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?
  - []Yes []No

If the answer is "Yes," give details:

k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

[]Yes []No

If the answer is "Yes," give details:

- I. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?
  - []Yes []No

Question Explanation Number

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

# BACKGROUND CHECK AUTHORIZATION, RELEASE AND AGREEMENT TO INDEMNIFY

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ('the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints 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 have filed with the Division an "application" under Chapter 645A, B, E or F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage banker, mortgage broker, escrow agency, covered service provider, escrow agent, qualified employee or key officer/director/majority owner, as applicable. 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 Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

Signature:	· · · · · · · · · · · · · · · · · · ·	
Name (print or type)		
Date:		
Subscribed and sworn to before me this day of		, 20
Notary public in and for the County of	, State of	
My commission expires		
Notary Signature		
Notary Seal		
Application for Change of Control MLD Form 701 Rev. 7/30/2015 Page 11 of 20		

## NON-PERSONAL HISTORY RECORD (Submit For Other Than Natural Persons)

This Non-Personal History Record is to be completed by the applicant/company and each non-natural person/entity who acquires voting stock which results in acquiring, directly or indirectly, the power to direct the management and policy of a mortgage broker, mortgage banker, escrow agency or covered service provider; or a transfer of at least 25% of the outstanding voting stock. Please indicate for whom this form is being submitted:

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Applicant/company Non-natural person/entity

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will be returned.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Non-Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

Name of Applicant:						
List any dba's of the applicant if not the corporate name:						
Applicant's Principal Place of Business:						
Street Address	City	State	Zip			
Telephone No.:	E-Mail:	(Mandatory)				
Taxpayer Identification No.:		(iviariuatory)				

1. If the applicant is a corporation, provide a copy of the by-laws and a current Certificate of Good Standing from the state of incorporation.

2. Please complete the following:

Names of All Owners of Applicant/Company	Percentage of Interest Held (Must Equal 100%)	Will Owner Engage in Activities as a Residential Mortgage Loan Originator or Supervise a Mortgage Agent Who Engages in Activities as a Residential Mortgage Loan Originator? (If yes, must submit education information)	
1.	%	Yes No	
2.	%	Yes No	
3.	%	Yes No	
4.	%	Yes No	

For each individual listed above, a Personal History Record, Child Support Statement and set two of fingerprints or two completed fingerprint cards must be submitted. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)

#### INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY IN PROCESSING YOUR APPLICATION

### 3. Arrests, Detentions, Litigation and Disclosure Items

An explanation for 'yes' answers is **required**. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

#### INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY IN PROCESSING YOUR APPLICATION

a. Has any owner, officer or director of the applicant *ever* been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in his response.

[]Yes []No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

b. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control *ever* had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

[]Yes []No

If the answer is "Yes," give details:

c. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control ever had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

[]Yes []No

If the answer is "Yes," give details:

d. Has the applicant within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition for an organization while the applicant exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

[]Yes []No

If the answer is "Yes," give details:

e. Has a bonding company ever denied, paid out on, or revoked a bond for the applicant or any company in which the applicant is or has ever been an owner or over which the applicant has exercised control?

[]Yes []No

If the answer is "Yes," give details:

f. Does the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control have any unsatisfied judgments or liens?

[]Yes []No

g. Does any owner, officer or director of the applicant have a relative who is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

[]Yes []No

If the answer is "Yes," give details:

h. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control had a civil or criminal record expunged or sealed by a court order?

[]Yes []No

If the answer is "Yes," give details:

i. Has the applicant or any company in which the applicant ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control been a party to any past or present civil litigation?

[]Yes []No

If the answer is "Yes," give details:

j. Is the applicant subject to any pending regulatory action in the State of Nevada or any other state?

[]Yes []No

If the answer is "Yes," give details:

k. Is the applicant subject to any pending actions that could result in a 'yes' answer to any of the above questions?

[]Yes []No

If the answer is "Yes," give details:

I. Is the applicant a HUD-approved mortgage broker?

[]Yes []No

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question	Explanation
Question Number	

I, the undersigned, state that I am authorized to sign the within Non-Personal History Record on behalf of the applicant named herein; that I have read and signed this Non-Personal History Record and know the contents thereof and that the statements made therein are true. By signing below, I represent that I personally have completed this Non-Personal History Record and verified the information contained herein.

APPLICANT'S SIGNATURE:				
Name of Applicant:				
By: Authorized Signatory (Owner)				
Authorized Signatory (Owner)				
Name (print or type)				
Title				
Date				
Or:				
NON-NATURAL PERSON/ENTITY				
Name of Entity:				
Ву:				
Authorized Signatory				
Name (print or type)				
Title				
Date				
Subscribed and sworn to before me this	day of	,	20	_
Notary public in and for the County of		, State of		_
My commission expires				
Notary Signature				
Notary Seal				

## DESIGNATION OF QUALIFIED EMPLOYEE

Mail to: Division of Mortgage Lending 1830 College Parkway, Suite 100 Carson City, NV 89706

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for designation as the qualified employee for a mortgage broker, mortgage banker, escrow agency or covered service provider.

## Qualified Employee Information:

Name:	First	Middle		Last	
Home Address:					
		Street	City	State	Zip
Social Security N	lo.:		Telephone	No.:	
Is the proposed of	qualified emplo	oyee an owner of the a	applicant/company?	Yes 🗌 No	

Mortgage Broker, Mortgage Banker, Escrow Agency or Covered Service Provider Information: (Indicate the office location at which the QE will work)

Mortgage Brol	ker, Mortgage Banker, Escrow .	Agency or Covered Se	ervice Provider Name:	
License No.:				
Address:		01	01-1-	
	Street	City	State	Zip
Telephone No	.:	E-Mail	l:	
	(Must be a Local Land Line)	(Mandatory)		
Fax No.:				

### Required Items – Proposed Qualified Employee - Checklist:

(Forms available on the Division's website, mld.nv.gov)

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- Child Support Statement completed by the proposed QE. (Required for all submissions regardless of any support obligations.)
  - Personal History Record (including an explanation of "Yes" answers) completed and signed by the proposed QE and notarized.
    - Two set of fingerprints or two fingerprint cards completed by the proposed QE. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- Evidence of at least 2 years of verifiable experience in lending money for real estate or mortgages within the immediately preceding 5 years. Proof may consist of W-2's forms and letters from current and prior employers.
- If the applicant is seeking approval as a qualified employee of a mortgage broker or mortgage banker, evidence of completion of 30 hours of certified courses of pre-licensing education and evidence of passing the Nevada state component and national component of the NMLS test.

The 30 hours of pre-licensing education must include:

- 3 hours of ethics, which shall include instruction on fraud, consumer protection and fair lending issues
- 3 hours of federal law and regulations relating to mortgage lending
- 2 hours of training related to lending standards for the non-traditional mortgage product marketplace
- 4 hours of Nevada law and regulations relating to mortgage lending and
- 18 hours of electives
- If the designated qualified employee is not the current qualified employee and is not licensed as a mortgage agent in Nevada then the designated qualified employee must submit an Application for Mortgage Agent License and Checklist through the NMLS.

If the applicant is seeking approval as a qualified employee of a:

- Covered service provider, evidence of completion of 25 hours of instruction (live or on-line).
- Foreclosure consultant, evidence of completion of 20 hours of instruction (live or on-line).
- Loan modification consultant, evidence of completion of 15 hours of instruction (live or on-line).

The 25, 20 and 15 hours of instruction, respectively, must include, at a minimum:

- 3 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 6 hours of federal laws and regulations relating to mortgage lending, which must include not less than 2 hours regarding the Real Estate Settlement Procedures Act ("RESPA"), 2 hours regarding the Truth-in-Lending Act ("TILA"), and 2 hours regarding other federal laws and regulations, including information related to the tax consequences of loan modification or foreclosure and federal programs designed to assist homeowners facing foreclosure; and
- 4 hours of Nevada laws and regulations relating to mortgages, at least 2 hours of which must be related to Chapter 645F of NRS and Chapter 645F of NAC.

Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.

I declare under penalty of perjury that I have read the foregoing and it is true to the best of my knowledge and belief.

Signature of Proposed Qualified Employee:
Print Name of Proposed Qualified Employee:
Signature of Principal Officer:
Print Name of Principal Officer:
Date:

Original or "wet" signatures required.