



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

ASSOCIATED LICENSEE – NOTICE OF TERMINATION OF AFFILIATION WITH INDEPENDENT LICENSEE

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

This form must be provided to the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) and to the Division of Mortgage Lending within three (3) business days of the date that an associated licensee terminates his employment by or association with a loan modification consultant, foreclosure consultant or covered service provider (independent licensee). (Pursuant to NAC 645F.335)

To: (Provide a Copy of This Form to the Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider – Independent Licensee)

(Name of Loan Modification Company, Foreclosure Consultant or Covered Service Provider – Independent Licensee)

License No. of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee): _____

NOTICE TO LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT OR COVERED SERVICE PROVIDER (INDEPENDENT LICENSEE):

The termination of my affiliation as an associated licensee of the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) is being reported to the Division of Mortgage Lending by way of this written statement.

Notice of termination of affiliation was provided to the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) at its last known office address at:

(insert street, city, state and zip) on

(insert date)

From: (Name of Associated Licensee): _____

License No. of Associated Licensee: _____

Address of Associated Licensee: _____

Date of Termination: _____

Circumstances Surrounding Termination: Resigned Fired (explain) Other (explain)

Explanation: _____

Signature of Associated Licensee: _____