



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](http://www.mld.nv.gov)

## INDEPENDENT LICENSEE

### LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT AND COVERED SERVICE PROVIDER – APPLICATION FOR RENEWAL OF LICENSE AND CHECKLIST (Principal Office and Branch Office)

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

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a license as a (check one box):

- Covered Service Provider (Principal Office)
- Covered Service Provider (Branch Office)
- Foreclosure Consultant (Principal Office)
- Foreclosure Consultant (Branch Office)
- Loan Modification Consultant (Principal Office)
- Loan Modification Consultant (Branch Office)

Applicant acknowledges that all documents filed in connection with this application are deemed to be public records, unless provided otherwise by law, and open to public inspection.

1. Independent Licensee Applicant Information:

Name of Nevada Licensed Independent Licensee (Company Name): _____		
Independent Licensee's License No: _____		
Principal Office Location (If Applicable):		
Street Address		
City	State	Zip
Branch Office Location (If Applicable): _____		
Street Address		
City	State	Zip
Telephone No.: _____	Fax No.: _____	
(Must be a Local Land Line)		
E-Mail: _____	Taxpayer Identification No.: _____	
(Mandatory)		
Name of Qualified Employee (print or type): _____		
Contact Person in Relation to This Renewal Application: _____		
Contact Telephone No.: _____	Contact Fax No.: _____	
Contact E-Mail: _____		

2. If applicant is not a natural person, please complete the following:

Names of All Owners, Principals, Partners, Officers, Directors and Trustees	Capacity and Title	Percentage of Interest Held (Must Equal 100%)	Residence Address	Business Address
		_____ %		
		_____ %		
		_____ %		
		_____ %		

3. All money paid to the applicant and his associated licensees in full or partial payment of covered services will be deposited in the following checking account under the control of the applicant and located in a federally insured depository financial institution or credit union with offices in the State of Nevada. The account must be separate from money belonging to the applicant and must be designated a trust account:

Checking Account No.: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Name of Federally Insured Depository Financial Institution or Credit Union: \_\_\_\_\_

Address of Federally Insured Depository Financial Institution or Credit Union: \_\_\_\_\_

Street Address	City	State	Zip
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**4. Required Items (Incomplete Applications Will Not Be Processed) – Checklist:**

- Application for Renewal of License and Checklist (Principal Office and Branch Office) completed, signed and notarized.
- Attachment "A" listing **all** associated licensees currently affiliated with the licensee at the principal and branch locations. A print-out from the Division's website will **not** be accepted.
- Surety bond payable to the State of Nevada in the amount of \$75,000.00 or, if the applicant maintains trust accounts and the 6-month average balance in those accounts exceeds \$50,000.00, a surety bond in the amount of \$100,000.00, and which names as principals the applicant and all associated licensees employed by, or otherwise associated with, the applicant, or a substitute form of security.
- Child Support Statement from each natural person with an ownership interest in the applicant, each person who has the power to direct the management and policy of the applicant and the qualified employee. (Required regardless of any support obligations pursuant to NRS 425.520 and Sec. 21 and 126 of R052-09.)
- Non-Personal Disclosure Form (including an explanation of "Yes" answers) completed, signed and notarized, for the company and for each entity that owns a 25% or more interest in the company.
- If applicant is a natural person, certificate(s) of completion evidencing compliance with continuing education requirements, as follows:
  - If the applicant is applying for renewal of a covered service provider license, 10 hours of instruction (live or on-line).
  - If the applicant is applying for renewal of a foreclosure consultant license, 7 hours of instruction (live or on-line).
  - If the applicant is applying for renewal of a loan modification consultant license, 5 hours of instruction (live or on-line).

The 10, 7 and 5 hours of instruction, respectively, must include, at a minimum:

- 2 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 2 hours of federal law and regulations relating to mortgage lending; and
- 1 hour of Nevada law and regulations relating to Chapter 645F of NRS and Chapter 645F of NAC or other Nevada law and regulations relating to mortgages.

- Renewal applications will not be processed if the applicant has failed to (i) submit applicable financial statements; and/or (ii) pay all fees, assessments and/or fines owed.
- A **\$100.00** non-refundable reinstatement fee must be submitted if either:
  - (i) This renewal application or any of the items required herein are submitted after the license renewal date; or
  - (ii) This renewal application is deficient (i.e., not all required items are submitted.)

- \$500.00 non-refundable application fee for the principal office and a \$100.00 non-refundable application fee for each branch office. (Make check payable to "Division of Mortgage Lending.")

**5. Required Items for Each Natural Person Who Owns a 25% or More Interest in the Licensed Entity and Each Person Who Has the Power to Direct the Management and Policy of the Licensed Entity - Checklist:**

- Child Support Statement. (Pursuant to Sec. 21 and 126 or R052-09, required regardless of any support obligations.)
- Personal Disclosure Form (including an explanation of "Yes" answers) completed, signed and notarized.

**6. Required Items for the Qualified Employee - Checklist:**

- Child Support Statement. (Pursuant to Sec. 21 and 126 of R052-09, required regardless of any support obligations.)
- Personal Disclosure Form (including an explanation of "Yes" answers) completed, signed and notarized.
- All qualified employees of the licensed entity must provide certificate(s) of completion evidencing compliance with continuing education requirements, as follows:
- If the applicant is applying for renewal of a covered service provider license, 10 hours of instruction (live or on-line).
  - If the applicant is applying for renewal of a foreclosure consultant license, 7 hours of instruction (live or on-line).
  - If the applicant is applying for renewal of a loan modification consultant license, 5 hours of instruction (live or on-line).

The 10, 7 and 5 hours of instruction, respectively, must include, at a minimum:

- 2 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 2 hours of federal law and regulations relating to mortgage lending; and
- 1 hour of Nevada law and regulations relating to Chapter 645F of NRS and Chapter 645F of NAC or other Nevada law and regulations relating to mortgages.

**7. Annual Expiration of License; Renewal; Cancellation; Reinstatement:**

Pursuant to Sec. 25(1) of R052-09, a license issued pursuant to Chapter 645F of NRS and Chapter 645F of NAC expires each year on July 1<sup>st</sup>, unless it is renewed. Pursuant to Sec. 25(2) of R052-09, if the holder of the license fails to submit to the Division all required items on or before May 31<sup>st</sup> of any year, the license is cancelled as of July 1<sup>st</sup> of that year. Pursuant to Sec. 25(2) of R052-09, the Commissioner may reinstate a cancelled license upon certain conditions.

Within 6 months of the expiration of his license, a licensee may make application for reinstatement of his license. A licensee may not perform any 'covered services,' as defined in Chapter 645F of NRS and the regulations promulgated thereunder, until the Commissioner approves the reinstatement of the license and the Division's records reflect that the license is active.

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.

I, the undersigned, state that I am authorized to sign the within Independent Licensee – Loan Modification Consultant, Foreclosure Consultant and Covered Service Provider - Application for Renewal of License and Checklist (“application”) on behalf of the applicant named herein; that I have read and signed this application 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 and verified the information contained herein.

APPLICANT’S SIGNATURE:

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatory (Owner or Qualified Employee)

Print or Type Name: \_\_\_\_\_

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

**ATTACHMENT "A"**

The following is a list of associated licensees who are currently employed by, or associated with, the licensee,

\_\_\_\_\_  
(insert name of the independent licensee),

Independent Licensee No. \_\_\_\_\_, at its principal or branch office located at

\_\_\_\_\_  
(The Division will **not** accept a print-out from the State of Nevada, Division of Mortgage Lending, website.)

Associated Agent's Name	Associated Agent's License No.

I certify that all associated agents under my supervision have completed the requisite continuing education.

\_\_\_\_\_  
Signature of Qualified Employee

\_\_\_\_\_  
Name of Qualified Employee (print or type)

\_\_\_\_\_  
Date

Applicant understands that if it is applying for renewal of a license for an office or other place of business located outside Nevada from which the applicant will conduct business in Nevada, the applicant agrees to either (1) make available at a location within Nevada the books, accounts, papers, records and files of the office or place of business located outside Nevada to the Commissioner or a representative of the Commissioner; or (2) pay the reasonable expenses for travel, meals and lodging of the Commissioner or a representative of the Commissioner incurred during any investigation or examination made at the office or place of business located outside Nevada.

Applicant understands that it will be required to comply with all prescribed standards for licensure adopted pursuant to R052-09.

Applicant acknowledges that all fees paid to the Division in connection with this application are non-refundable.

Applicant further acknowledges and agrees that if the applicant maintains its principal office outside the State of Nevada, that any action brought against the applicant under Chapter 645F of NRS or any regulations promulgated thereunder will, at the sole discretion of the Commissioner of the Division, be under the jurisdiction of either the Second Judicial District Court of the State of Nevada in and for Washoe County or the Eighth Judicial District Court of the State of Nevada in and for Clark County. If the applicant's principal office is within the State of Nevada, any matters will be brought in the applicable Nevada court.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatory (Owner)

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

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**CHILD SUPPORT STATEMENT**

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520, NRS 645A.025, NRS 645B.023, NRS 645B.420, NRS 645E.210 and Sec. 21 and 126 of R052-09)

Please check one box:

- 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



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**PERSONAL DISCLOSURE FORM – INDEPENDENT LICENSEE**  
(FOR RENEWAL PURPOSES ONLY)

This Personal Disclosure Form – Independent Licensee (For Renewal Purposes Only) is to be completed by each natural person who owns a 25% or more interest in the company, each person who has the power to direct the management and policy of the company and the qualified employee. Please indicate the natural person for whom this form is being submitted:

- Person who owns a 25% or more interest in the company
- Person who has the power to direct the management and policy of the company
- Qualified 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.

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

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

If the answer is "Yes," give details:

- 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

If the answer is "Yes," give details:

- 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:

l. Are you 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:

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 Number	Explanation

**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") to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, loan modification consultant, foreclosure consultant, covered service provider, escrow agency, 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 Personal Disclosure Form; that I have read and signed said Personal Disclosure Form and know the contents thereof and that the statements made therein are true. By signing below, I represent that I have personally completed this Personal Disclosure Form and verified the information contained therein and have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE:

\_\_\_\_\_  
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

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**NON-PERSONAL DISCLOSURE FORM – INDEPENDENT LICENSEE**  
**(FOR RENEWAL PURPOSES ONLY)**  
**(Submit For Other Than Natural Persons; Principal Location, Only)**

This Non-Personal Disclosure Form – Independent Licensee (For Renewal Purposes Only) (Submit For Other Than Natural Persons) is to be completed by the company and each entity that owns a 25% or more interest in the company. Please indicate for whom this form is being submitted:

- Applicant/Company  
 Entity that owns a 25% or more interest in the company

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 8½ x 11" paper. White-out and/or correction tape is/are not permitted.

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

Name of Licensed Entity: _____		
List any dba's of the entity if not the corporate name: _____		
_____		
License No.: _____	Taxpayer Identification No.: _____	
Address of Principal Place of Business: _____		
Street Address		
_____	_____	_____
City	State	Zip
Independent Licensee's Principal Place of Business: _____		
Street Address		
_____	_____	_____
City	State	Zip
Telephone No.: _____	E-Mail: _____	
(Must be a Local Land Line)		

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

If the answer is "Yes," give details:

- 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:

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 Number	Explanation

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

**APPLICANT'S SIGNATURE:**

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Or:**

**ENTITY OWNING 25% OR MORE INTEREST IN THE APPLICANT/COMPANY:**

Name of Entity: \_\_\_\_\_

By: \_\_\_\_\_  
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