BRIAN SANDOVAL
Governor

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

BRUCE BRESLOW
Director

JAMES WESTRIN
Commissioner

MORTGAGE LOAN SERVICER REGISTRATION

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

NRS 645F.265 requires a person or institution engaged in the business of servicing mortgage loans secured by liens on real property located in Nevada (Servicer) from offices outside the state of Nevada to register with the Division of Mortgage Lending (Division) and provide specific information. There is no fee associated with registration.

Soliciting and/or conducting third-party servicing of mortgage loans secured by real property from locations **within** the state of Nevada may require licensure pursuant to NRS 645A unless otherwise exempt from licensure by statute.

Registration Type:

☐ New Mortgage Loan Servicer Registration
☐ Update to Mortgage Loan Servicer Registration

1. Servicer's Principal Office Information (Required)

Corporate Name: _____

DBA, if applicable: _____

Principal Place of Business:

_____
Street Address City State Zip

Telephone No.: _____ Fax No.: _____

E-Mail: _____ State in Which Company is Domiciled: _____
(Mandatory)

Contact Person: _____

Contact Person's E-Mail Address: _____

Contact Person's Telephone No.: _____

Contact Person's Fax No.: _____

2. Please list all other offices of the loan servicer. Attach a separate sheet if necessary.

_____

Street Address City State Zip

Contact Person:_____ Contact Phone:_____

Contact Fax:_____ Contact E-mail_____

Brief description of functions performed at this location:

_____

_____

_____

_____

Street Address City State Zip

Contact Person:_____ Contact Phone:_____

Contact Fax:_____ Contact E-mail_____

Brief description of functions performed at this location:

_____

_____

_____

_____

Street Address City State Zip

Contact Person:_____ Contact Phone:_____

Contact Fax:_____ Contact E-mail_____

Brief description of functions performed at this location:

_____

_____

_____

I acknowledge that all documents filed in connection with this registration are deemed to be public records and unless provided otherwise by law are open to public inspection. I agree that if any information provided on this registration changes, I will file an amended registration form with the Division within 30 days of the change.

Registrant's Authorized Signatory:

Name of Registrant: _____

By: _____
Authorized Signatory

_____
Name (print or type)

_____
Title

_____
Date