

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****

A Licensee may not close their main office, branch office, principal office or location or surrender a license without first obtaining the approval by the Commissioner. To request the approval to close or surrender a main office or branch office location, 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 **Mortgage Broker** and/or **Mortgage Banker Licensee** must maintain an office in Nevada. If this type of Licensee closes its Nevada qualifying location, it must also close any other Nevada licensed locations associated with the license.

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

Provide all of the following:

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

****NOTE****

- A **Licensee** that sponsors mortgage agents through NMLS must terminate the sponsorship of all mortgage agents affected by the surrender or amend the relationship and employment history of agents to move them to an active Nevada licensed office.
- A **Mortgage Servicer** or **Supplemental Mortgage Servicer** licensee must return original license(s) with the submission of this Request to Close Office/Surrender form. 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:

- Return of original paper hard copy license(s)**
- Evidence of termination or transfer of mortgage agents, escrow agents, or associated licensees if 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.
- Mortgage Servicer or Supplemental Mortgage Servicer:**
 - On a separate sheet provide: 1) the status of all loan servicing contracts and the manner in which contracts will be finalized 2) copy of the "Good-bye" letter or Transfer Notification Letter send to borrowers, and a listing of all borrowers receiving the notification including the borrower name, property address, mailing address and account number

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 Officer Signatory

Print Name

Title

Telephone Number

Date

E-mail Address

For Division Use Only: (Broker, Banker, Escrow Agency, Covered Service Provider)		
<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:

For Division Use Only: (Mortgage Servicer or Supplemental Mortgage Servicer)		
<input type="checkbox"/> Return of original license(s) or lost affidavit received and verified.	Initials:	Date:
<input type="checkbox"/> Status of servicing contracts and manner in which contracts will be finalized received and verified.	Initials:	Date:
<input type="checkbox"/> Trust account accounting of such received and verified.	Initials:	Date:
<input type="checkbox"/> Plan for distribution of money received and verified.	Initials:	Date:
<input type="checkbox"/> Name and contact information for new servicer received and verified.	Initials:	Date:
<input type="checkbox"/> Copy of "Good-bye" letter or Transfer Notification Letter send to borrowers and a listing of all borrowers receiving the notification received and verified.	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: