

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****

No Licensee may close a main office or branch office or location or surrender a license without first obtaining the approval of 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"/> Main Office	<input type="checkbox"/> Supplemental Mortgage Servicer <input type="checkbox"/> Main 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.: _____	2. Documents to be stored as: <input type="checkbox"/> Hard Copy Files <input type="checkbox"/> Electronic Files
3. NMLS ID (if applicable): _____	3. Provide the Name and Address of the Person Responsible for the Maintenance of the Records ("Responsible Person"): _____
4. Address of Surrendering Office: _____	4. Provide the Responsible Person's: a. Telephone No.: _____
5. Requested effective Date of License Surrender: _____	b. E-mail Address: _____

For Division Use Only:			
<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: