

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

APPLICATION FOR CHANGE OF ADDRESS

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

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending ("the "Commissioner") to change the location of its principal office or branch office. The licensed entity is a (check one box).

- ☐ Mortgage Broker      ☐ Mortgage Banker      ☐ Mortgage Servicer      ☐ Supplemental Mortgage Servicer  
☐ Covered Service Provider      ☐ Escrow Agency      ☐ Exempt Company

**A licensee may not conduct activity requiring a license out of the new location until approved by the Commissioner.**

Name and address as it appears on license or certificate of exemption:

Name of Licensee/Exemption Holder: \_\_\_\_\_

NMLS Company ID No (if applicable): \_\_\_\_\_ Nevada License No: \_\_\_\_\_

NMLS Office ID No (If applicable): \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

City

State

Zip

Proposed new address:

New Address: \_\_\_\_\_

Street

City

State

Zip

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the proposed location a home/residential office location? ☐ Yes ☐ No  
(If yes, please complete and submit a Home-Based Business Affidavit)

Will the company share the premises with another company? ☐ Yes ☐ No

If yes, list the business and affiliation: \_\_\_\_\_

**Required Items – Checklist:**

- ☐ Original, current, hard-copy license or certificate. (The Division will return an amended license or certificate reflecting the change in address upon approval.)
- ☐ Fully executed lease in the company's name for the location to be licensed.
- ☐ List of agents moving to the new location (if applicable).
- ☐ Agents must amend their MU4 to show new location in the employment history section (if applicable).

I, the undersigned, state that I am authorized to sign the within Application of Change of Address on behalf of the applicant named herein; that I have read and signed said Application for Change of Address 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 for Change of Address, and verify the information contained herein. Further, I am aware that a licensee may not conduct activity requiring a license out of the new location until the Commissioner has approved the transfer.

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

By: \_\_\_\_\_  
Authorized Signatory of Owner

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

Original or "wet" signature required.