

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:			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete and submit a Home-Based Business Affidavit)			
Will the company share the premises with another company? <input type="checkbox"/> Yes <input type="checkbox"/> 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.