



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

CHANGE OF ASSOCIATION

Mail completed form and payment to the Division of Mortgage Lending at the above address.

The undersigned individual hereby makes application to the Commissioner of the Division of Mortgage Lending to change association with the following company with which the individual will be associated (check a box):

- Commercial Broker
- Commercial Banker
- Covered service provider, foreclosure consultant or loan modification consultant
(independent licensee)
- Escrow Agent

NOTE: A CHANGE OF ASSOCIATION IS NOT EFFECTIVE UNTIL THE CHANGE IS APPROVED. THE UNDERSIGNED ACKNOWLEDGES THAT HE OR SHE CANNOT CONDUCT ACTIVITIES FOR WHICH A LICENSE IS REQUIRED UNTIL THE CHANGE IS APPROVED.

1. Individual's Information:

Individual Name: _____

License No.: _____

Residential Address: _____
Street City State Zip

Telephone No.: _____

2. Company Information:

Company Name: _____ (List the name of the licensed company or entity with which the individual will be associated)
Company License No.: _____
Company Office Address: _____ Street City State Zip
Company Telephone No.: _____

3. Required Items – Checklist

- Non-refundable fee of **\$25.00** if the individual is an escrow agent or a covered service provider, foreclosure consultant or loan modification consultant (associated licensee). Or Non-refundable fee of **\$50.00** if the individual is a commercial mortgage agent (Make check payable to “Division of Mortgage Lending.”)

The following is a statement from the commercial broker, commercial banker, escrow agency, covered service provider, foreclosure consultant or loan modification consultant (independent licensee) entity with which the individual will be associated.

ACKNOWLEDGMENT OF INTENT TO EMPLOY

(Verified Statement: to be completed by the commercial broker, commercial banker, escrow agency, covered service provider, foreclosure consultant or loan modification consultant (Independent Licensee), Privately Insured Institution, or Exempt Person or Entity Associating With, or Employing, the Individual)

This is to certify that I am a duly licensed commercial broker, commercial banker, covered service provider, foreclosure consultant or loan modification consultant (independent licensee), privately insured institution, or exempt person or entity on active status. It is my present intent to employ or associate with me the within-named individual.

If a license is issued to the individual named within, I represent and agree that I will be responsible for the activities of the individual as a commercial agent, covered service provider, escrow agent, foreclosure consultant or loan modification consultant (associated licensee) by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Licensed Company: _____

By: _____
Authorized Signatory

Name of Signatory (print or type): _____

Title: _____

Date: _____

Original or “wet” signature required.