

APPLICATION FOR CHANGE OF CONTROL

(Mortgage Company, Escrow Agency, Mortgage Servicer, Supplemental Mortgage Servicer, and/or Covered Service Provider)

Mail to the Division of Mortgage Lending at the above address.

Pursuant to NRS 645B.095, NRS 645A.085(2), NAC 645F.405, and NAC 645F.958, mortgage companies, escrow agencies, covered service providers, mortgage servicers and supplemental mortgage servicers are required to apply to the Commissioner of the Division of Mortgage Lending for approval of a change of control (i.e., a transfer of stock or ownership interest which results in giving a person, directly or indirectly, the power to direct the management and policy of a mortgage company, escrow agency Mortgage Servicer, Supplemental Mortgage Servicer, or covered service provider; or a cumulative transfer of at least 25% of the outstanding stock or ownership interest).

submitted to the Co	ommissio		before the pr	e application for a change of contr oposed change. This form is being box):	
		Mortgage Company			
		Escrow Agency		Covered Service Provider	
		Mortgage Servicer		Supplemental Mortgage Service	r
Company Name:					
DBA name, if any:					
Main Office Addres	SS:				
			Street Addres	35	
		City		State	Zip
E-mail address for	all corres	spondence:			
Contact Person:					
Telephone Numbe	r:		_ Fax N	umber:	
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Do you maintain any client trust accounts pursuant to NRS 645B.175 or NAC 645F.465?

**Investor funds deposited directly with the company, or funds related to third-party servicing of loans made by the company; doesn't include fees for appraisal, credit, or other third-party costs.

Do you arrange any private investor loans? Yes No

Proposed ownership totaling 100%:

New Ownership Name(s) (List ALL Owner Names)	New Ownership Address(es) (List ALL Addresses)	Percentage of Interest Held (Must Total 100%)	Will the Owner Originate Loans Under the Nevada License?
			🗌 Yes 🗌 No
			🗌 Yes 🗌 No
			🗌 Yes 🗌 No
			🗌 Yes 🗌 No
			🗌 Yes 🗌 No

Note: Attach separate sheet if additional space is needed

1. Required Items:

Copy of Buy/Sell Agreement.

One Non-Personal History Record on behalf of each the acquiring entity and applicant.

Last two years financial statements for the acquiring applicant/person.

All owners of the acquiring entity who will conduct residential mortgage activity in Nevada on behalf of the licensed entity or directly supervise persons conducting mortgage activity, such as a qualified employee, who are not currently licensed as a mortgage loan originator, escrow agent, or associated licensee (as applicable) in Nevada must submit an Application for the appropriate licensure.

\$500.00 non-refundable application fee for <u>mortgage company, escrow agency, mortgage servicer</u>, <u>supplemental mortgage servicer</u>; or \$250.00 non-refundable application fee for <u>covered service</u> provider (Make check payable to "Division of Mortgage Lending.")

Copy of Pre and Post Organizational Charts.

Copy of Pre and Post Management Charts.

(Copy of the Buy/Sell	agreement or	corresponding	documentation	for the sale	or transfer.
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2. If there is a change in the Qualified Employee, submit:

- Designation of Qualified Employee Form for the corresponding license type with all required attachments.

If the designated qualified employee is not yet licensed as appropriate submit the appropriate application.

3. All owners of the company, each person who has the power to direct management and policy of the company and the qualified employee must submit:

	Child Support Statement (Pursuant to NRS 645A.025, NRS 645B.023, NRS 645B.420 and NAC 645F.215, required regardless of any support obligations.)
	A complete set of fingerprints (Cards are available at local law enforcement agencies or Live Scan fingerprints must be used if licensure is held through the NMLS.
_	

Personal History Record (including an explanation of "Yes" answers) completed, signed and notarized.

Attach additional pages as necessary.

I, the undersigned, state that I am authorized to sign the within Application for Change of Control on behalf of the applicant named herein; that I have read and signed said Application for Change of Control 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 Control and verified the information contained herein.

APPLICANT'S SIGNATURE:

Name of Mortgage Company, Escrow Agency, Covered Service Provider, Mortgage Servicer, Supplemental Mortgage Servicer:

By:				
Authorized Signatory (Owner)				
Name (print or type)				
Date				
Subscribed and sworn to before me this	day of		, 20	
Notary public in and for the County of		, State of		
My commission expires				
Notary Signature				
Notary Seal				

CHILD SUPPORT STATEMENT

This Child Support Statement must be completed, signed and returned with your application. Failure to submit a fully completed and signed Child Support Statement will result in the delay of processing of your application and may result in your application for licensure being denied. (NRS 425.520, 645A.025, 645B.023, 645B.420 and NAC 645F.215).

Please check one box:



I am not subject to a court order for the support of a child.

- I am subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date

PERSONAL HISTORY RECORD (Submit for Natural Persons)

This Personal History Record is to be completed by each natural person who acquires ownership which results in acquiring, directly or indirectly, the power to direct the management and policy of a mortgage company, escrow agency, mortgage servicer, supplemental mortgage servicer, or covered service provider; or a transfer of at least 25% of the outstanding stock or ownership interest. Please indicate for whom this form is being submitted:

Natural Person

Proposed qualified employee

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification.

Applicants are advised that this Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

F : (
First	Middle		Last	
Address	City		State	Zip
	Business Phone:		_Cell:	
olor:	Eye Color:	Height:	W	eight:
	Birthplace:		<u>.</u>	
	Driver's L			
suance:				
ompany for which	affiliation is requested:			
	Sireer Address			
	State		Z	p
	Address	Address City Business Phone:	Address City Business Phone:	Address City State Business Phone: Cell: blor: Eye Color: Height: Weight: Birthplace: Driver's License Number: Weight: Weight: Business Driver's License Number: Meight: Meight: Meight: Birthplace: Driver's License Number: Meight: Meight: Meight: Meight: Birthplace: Driver's License Number: Meight: M

1. <u>Residential Addresses for the Last 5 Years (beginning with the most recent)</u>. (If additional space is required, use the Explanation Form. All "gaps" in residential address information must be explained.)

From	То	Street	City	State	Zip
	Present				
Note: Attach se	parate sheet if a	dditional space is needed.			

Are you a citizen of the United States? Yes _____ No ____

If no, Registration Number.:

If naturalized, Certificate Number.: Date:
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If you are not a citizen of the United States, or if you are not naturalized, provide documentation evidencing your eligibility to work in the United States. (Submit copy of resident alien card.)

List of other names known by, such as maiden name, nickname, etc.

 Employment (If additional space is required, use the Explanation Form. All lapses of time must be explained.) Beginning with your current employment, list your work history, all businesses with which you have been involved and/or periods of unemployment for the **last 5 years**. List all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

From	То	Employer Name and Address	Job Title and Duties Performed
	Present		

Note: Attach separate sheet if additional space is needed.

3. Disclosure Items

You are **required** to provide an explanation for 'yes' answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY IN PROCESSING YOUR APPLICATION

a. Have you ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

[]Yes []No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

b. Have you **ever** had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

[]Yes []No

If the answer is "Yes," give details:

c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) *ever* had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

[]Yes []No

If the answer is "Yes," give details:

d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

[]Yes []No

e. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

[]Yes []No

If the answer is "Yes," give details:

f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

[]Yes []No

If the answer is "Yes," give details:

g. Do you have a relative that is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

[]Yes []No

If the answer is "Yes," give details:

h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

[]Yes []No

If the answer is "Yes," give details:

i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

[]Yes []No

j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

[]Yes []No

If the answer is "Yes," give details:

k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

[]Yes []No

If the answer is "Yes," give details:

I. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

[]Yes []No

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question	Explanation
Question Number	

BACKGROUND CHECK AUTHORIZATION, RELEASE AND AGREEMENT TO INDEMNIFY

By my signature below, I hereby give, to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State"), my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ('the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B or F of the Nevada Revised Statutes ("NRS") and regulations promulgated thereunder to be licensed or request for approval as a mortgage company, escrow agency, covered service provider, escrow agent, mortgage servicers, and supplemental mortgage servicers, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within application; that I have read and signed the application, including the Personal History Record, and know the contents thereof, and that the statements made therein are true. By signing below, I represent that I have personally completed the application and all supporting documents that accompany it and I have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

Signature:		
Name (print or type)		
Date:		
Subscribed and sworn to before me this day of		, 20
Notary public in and for the County of	, State of	
My commission expires		
Notary Signature		
Notary Seal		
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FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) NV Division of Mortgage Lending, that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or

incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) <u>NV Division of Mortgage Lending</u>, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:			
	(PLEASE PRINT	LAST, FIRST, MIDDLE)	
Address:			
Applicant's Signature:			
Date:			
Submitting Agency:			
Address:			
Agency representative:			
· · · ·	(PLEASE PRINT	LAST, FIRST, MIDDLE	
Agency representative's Sig	gnature:		
Date:			

NON-PERSONAL HISTORY RECORD (Submit for All Company Entities)

This Non-Personal History Record is to be completed by; 1. the acquiring company(s) that obtains ownership which results in acquiring, directly or indirectly, the power to direct the management and policy of a mortgage company, escrow agency, mortgage servicer, supplemental mortgage servicer, or covered service provider; or a transfer of 25% cumulative outstanding stock or ownership interest. And 2. The applicant/Licensee. Please indicate for whom this form is being submitted:



Acquiring Company

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification. Incomplete applications will not be accepted.

Applicants are advised that this Non-Personal History Record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial and/or revocation of a license.

Name of Applicant/Licensee or Acquiring Company:					
List any DBAs of the applicant if not the corporate name:					
Applicant's Principal Place of Business:					
Street Address	City	State	Zip		
Telephone Number: Taxpayer Identification Number:		(Mandatory)			

1. If the applicant is a corporation, provide a copy of the by-laws and a current Certificate of Good Standing from the state of incorporation.

2. Please complete the following:

Current Ownership:

Names of All Owners of Applicant/Company	Percentage of Interest Held (Must Equal 100%)	Will Owner Engage in Activities as a Mortgage Loan Originator or Supervise a Mortgage Loan Originator Who Engages in Activities as a Mortgage Loan Originator? (If yes, must submit education information)	
1.	%	Yes No	
2.	%	Yes No	
3.	%	Yes No	
4.	%	Yes No	

For each individual listed above, a Personal History Record, Child Support Statement and a set of fingerprints must be submitted, or Live Scan background results must be made available through NMLS. (Cards are available at local law enforcement agencies.)

INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY IN PROCESSING YOUR APPLICATION

An explanation for 'yes' answers is **required**. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

a. Has any owner, officer or director of the applicant ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in his response.

[]Yes []No

If the answer is "Yes," please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

b. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control ever had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

[]Yes []No

If the answer is "Yes," give details:

c. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control ever had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

[]Yes []No

If the answer is "Yes," give details:

d. Has the applicant within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition for an organization while the applicant exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

[]Yes []No

If the answer is "Yes," give details:

e. Has a bonding company ever denied, paid out on, or revoked a bond for the applicant or any company in which the applicant is or has ever been an owner or over which the applicant has exercised control?

[]Yes []No

If the answer is "Yes," give details:

f. Does the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control have any unsatisfied judgments or liens?

[]Yes []No

g. Does any owner, officer or director of the applicant have a relative who is or has been associated with the mortgage industry in any state? ("Relative" means a spouse or any other person related within the second degree by blood or marriage.)

[]Yes []No

If the answer is "Yes," give details:

h. Has the applicant or any company in which the applicant has ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control had a civil or criminal record expunged or sealed by a court order?

[]Yes []No

If the answer is "Yes," give details:

i. Has the applicant or any company in which the applicant ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which the applicant has exercised control been a party to any past or present civil litigation?

[]Yes []No

If the answer is "Yes," give details:

j. Is the applicant subject to any pending regulatory action in the State of Nevada or any other state?

[]Yes []No

If the answer is "Yes," give details:

- k. Is the applicant subject to any pending actions that could result in a 'yes' answer to any of the above questions?
 - []Yes []No

If the answer is "Yes," give details:

I. Is the applicant a HUD-approved mortgage company?

[]Yes []No

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

Question	Explanation
Question Number	

I, the undersigned, state that I am authorized to sign the within Non-Personal History Record on behalf of the applicant named herein; that I have read and signed this Non-Personal History Record and know the contents thereof and that the statements made therein are true. By signing below, I represent that I personally have completed this Non-Personal History Record and verified the information contained herein.

APPLICANT'S SIGNATURE:				
Name of Applicant:				
By: Authorized Signatory (Owner)				
Name (print or type)				
Title				
Date				
Or:				
NON-NATURAL PERSON/ENTITY				
Name of Entity:				
By: Authorized Signatory				
Authorized Signatory				
Name (print or type)		-		
Title		-		
Date				
Subscribed and sworn to before me this	day of	, ź	20	
Notary public in and for the County of		, State of		
My commission expires				
Notary Signature				
Notary Seal				