

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Pkwy, Suite 100
Carson City, NV 89706
(775) 684-7060
<http://mld.nv.gov>

**APPLICATION FOR RENEWAL OF ESCROW AGENCY LICENSE AND CHECKLIST
(Branch Office)**

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a license as an escrow agency.

**YOUR LICENSE WILL EXPIRE ON JULY 1.
THERE IS NO 'GRACE PERIOD' FOR LATE RECEIPT OF NON-REFUNDABLE RENEWAL FEES**

License Number: _____

Name of Licensed Agency: _____

License Location Address: _____
Street Address City State Zip

Mailing Address (if different): _____
PO Box City State Zip

Designated Qualified Employee: _____

Telephone: _____ Fax: _____ Email: _____
(Mandatory)

Contact Person Name and Telephone: _____

Name(s) and Address(es) of Owner(s) of the Escrow Agency:

Name of Owner	Address

1. Required Items – Checklist:

___ Affidavit of Material Change (If yes to changes, supporting documents and forms are required.)

___ Required supporting documents for change(s)

___ **\$100.00** non-refundable renewal fee. Make check payable to “Division of Mortgage Lending”. We understand that there is an additional non-refundable fee of **\$50.00** should the renewal application not be received by the office of the Division of Mortgage Lending prior to the expiration of the company’s license. [NRS 645A.040(4)]

*** Renewal applications will not be processed if the applicant has failed to a) submit applicable financial statements; and/or b) pay all fees, assessments and fines owed.

2. The following are the licensed Escrow Agents operating from this branch agency and are also listed as principals on the Escrow Agency’s surety bond:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AFFIDAVIT OF MATERIAL CHANGE

___ I, the undersigned affirm that the licensed entity **has not** undergone any changes in fact or representations.

___ I, the undersigned affirm that the licensed entity **has** undergone any changes in fact or representations and all appropriate forms reporting said changes are attached herein.

I, the undersigned, state that I am authorized to sign the affidavit of material change form on behalf of the applicant named herein; that I have read and signed this Application and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally verified the information contained herein.

APPLICANT SIGNATURE:

Name of Licensed Entity: _____

By: _____ Date: _____
Authorized Signatory

Name: _____ Title: _____

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary public in and for the County of _____, State of _____

Notary Signature: _____

Notary Seal:

Applicants are advised that this Application for Renewal of Escrow Agency Branch License is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial of renewal and/or revocation of a license.

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

APPLICANT SIGNATURE:

Name of Escrow Agency _____

By: _____ Date: _____
Authorized Signatory (Principal or Owner)

Printed Name: _____ Title: _____

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: