

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  
(Principal Location)**

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a license to engage in the escrow agency business.

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

**1. Required Items – Checklist:**

- Bank Statements evidencing average balance of trust accounts for six months to verify adequacy of bond
- Affidavit of Material Change (If yes to changes, supporting documents and forms are required)
- Required supporting documents for change(s)
- Proof of good standing with the Nevada Secretary of State
- \$200.00 non-refundable renewal fee. Make check payable to "Division of Mortgage Lending". If the complete renewal application is not received by the office of the Division of Mortgage Lending prior to expiration of the company license, an additional non-refundable renewal fee of \$100.00 will be assessed. [NRS 645A.040(4)]
- Escrow agencies must provide financial statements within 120 days of fiscal year end. [NAC 645A.040(1)]

\*\*\* 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. Escrow Agency Information:**

Name of Escrow Agency: \_\_\_\_\_

License Number: \_\_\_\_\_

Escrow Agency Address: \_\_\_\_\_

Street Address

City

State

Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
(Mandatory)

**3. Service of Process (Registered Agent Information):**

Name of Registered Agent: \_\_\_\_\_  
First Middle Last

Address of Registered Agent: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Designated Qualified Employee: \_\_\_\_\_

**4. Owner Information (Please complete the following):**

Name(s) and Current Address(es) of Owner(s) of the Escrow Agency	Percentage of Interest Held (Must Equal 100%)
1.	%
2.	%
3.	%
4.	%

**5. Licensed Escrow Agents operating from the Escrow Agency and listed as principals on the Escrow Agency surety bond:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print or type)

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

**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: \_\_\_\_\_  
(Print or type)

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

Applicants are advised that this Application for Renewal of Escrow Agency 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.