

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  
<http://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).

\_\_\_ Mortgage Company      \_\_\_ 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 they appear on license or certificate:		
Name of Licensee/Exemption Holder: _____		
NMLS Company ID (If applicable): _____		Nevada License Number
NMLS Office ID (If applicable): _____		
Current Street Address: _____		
City	State	Zip
Proposed new address:		
Street		
City	State	Zip
Phone:	Fax:	
Effective Date:	Email	
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 MLOs/agents moving to the new location (if applicable).
- \_\_\_ MLOs/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: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Authorized Signatory of Owner

Date: \_\_\_\_\_

Original or "wet" signature required.