

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060
www.mld.nv.gov

REQUEST FOR APPROVAL TO CLOSE OFFICE/SURRENDER LICENSE

****IMPORTANT****

A Licensee may not close their main office, branch office, principal office or location or surrender a license without first obtaining the approval by the Commissioner. To request the approval to close or surrender a main office or branch office location, a licensee must complete this form and upload it to the NMLS "Additional Requirements" section, and all required supporting information to the Division of Mortgage Lending at the above address.

A **Mortgage Company** must maintain an office in Nevada. If this type of Licensee closes its Nevada qualifying location, it must also close any other Nevada licensed locations associated with the license.

The undersigned hereby requests that the Commissioner of the Division of Mortgage Lending approve the office closure for the following license type (check a box):

<input type="checkbox"/> Mortgage Company <input type="checkbox"/> Main Office <input type="checkbox"/> Nevada Qualifying Office <input type="checkbox"/> Branch Office	
<input type="checkbox"/> Escrow Agency <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office	<input type="checkbox"/> Covered Service Provider <input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office
<input type="checkbox"/> Mortgage Servicer <input type="checkbox"/> Principal Office	<input type="checkbox"/> Supplemental Mortgage Servicer <input type="checkbox"/> Principal Office

Provide all of the following:

Licensee Information	Record Maintenance Information
1. Licensee's Name (as it appears on its license): _____	1. Provide the Address where the Licensee's Books, Records, Loans, and/or Contract Files will be Maintained for the next 4 years (or 6 years if escrow agency): _____
2. MLD License: _____	2. Documents to be stored as: <input type="checkbox"/> Hard Copy Files <input type="checkbox"/> Electronic Files
3. NMLS ID (if applicable): _____	3. Provide the Name and Address of the Person Responsible for the Maintenance of the Records ("Responsible Person"): _____
4. Address of Surrendering Office: _____	4. Provide the Responsible Person's: a. Telephone.: _____
5. Requested effective Date of License Surrender: _____	b. E-mail Address: _____
6. _____	

****NOTE****

- A licensee that sponsors MLOs through NMLS must terminate the sponsorship of all MLOs affected by the surrender or amend the relationship and employment history of MLOs to move them to an active Nevada licensed office.
- The licensee must destroy original license(s) when submitting a Request to Close Office/Surrender form. All fees, assessments, fines and costs owed to the Division must be paid before office closure. Outstanding amounts due to the Division will be pursued to the fullest extent of the law.
- The expiration or voluntary surrender of a license does not prohibit the Commissioner from initiating or continuing an investigation of or disciplinary proceeding against a former licensee for activity conducted while licensed.

A Licensee Requesting Closure Must Submit the Following Items:

- Evidence of termination or transfer of mortgage loan originators, escrow agents, or associated licensees if applicable.
- As an attachment, provide the status of any incomplete escrow and/or loan servicing contracts, applications for mortgage loans or incomplete contracts for covered services (pipeline report) and the manner in which the loans or contracts will be finalized. company and/or branch level, as applicable. Or a statement that the pipeline is clear on company letterhead, signed by an officer.

Mortgage Servicer or Supplemental Mortgage Servicer:

- As an attachment provide:
 - the status of all loan servicing contracts and the manner in which contracts will be finalized,
 - copy of the "Good-bye" letter or Transfer Notification Letter send to borrowers, and a listing of all borrowers receiving the notification including the borrower name, property address, mailing address and account number.

At this location:

Does the licensee maintain trust accounts: Yes No

If yes, and the company is closing, provide an accounting of all trust accounts maintained by the licensee and the plan for distribution of money in the account, as an attachment:

Does the licensee service any mortgage loans: Yes No

If yes, and the company is closing, provide the name, address, phone number and contact person of the servicer to which the mortgage loans will be transferred, as an attachment.

Does the licensee maintain a website: Yes No

Website Address: _____

If yes, the licensee hereby certifies the company or branch office website or references have been disabled.

I/We declare, under penalty of perjury, that we have read the foregoing, including matters incorporated by reference, and attest to the accuracy of the information provided to the Division that it is true to the best of our knowledge and belief. I represent that I am authorized to complete and submit this form to the Commissioner.

LICENSEE

By: _____
Authorized Officer Signatory

Print Name

Title

Telephone Number

Date

Email Address