



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
400 W. King Street, Suite 101
Carson City, NV 89703
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

DIANNE CORNWALL
Director

JOSEPH L. WALTUCH
Commissioner

**APPLICATION FOR MORTGAGE AGENT LICENSE
AND CHECKLIST**

Mail to: Division of Mortgage Lending
400 W. King Street, Suite 101
Carson City, NV 89703

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for a license as a mortgage agent. I intend to be associated with, or employed by, a:

- Mortgage Broker
- Mortgage Banker
- Privately Insured Institution or Organization Licensed Under Title 55 or 56 of NRS

I acknowledge that all documents filed in connection with this application are deemed to be public records, unless provided otherwise by law, and open to public inspection.

I acknowledge that conducting mortgage agent activities prior to **issuance** of a mortgage agent license may result in administrative action and/or the imposition of a fine. A loan officer currently working for a **licensed mortgage banker or privately insured institution**, who is now required to be licensed due to a change in law, may conduct activity during the licensing process.

1. Mortgage Agent Applicant Information:

| | | | | |
|------------------------------------|--------|-------------------|-------|-----|
| Applicant's Full Legal Name: _____ | | | | |
| | First | Middle | Last | |
| Home Address: _____ | | | | |
| | Street | City | State | Zip |
| Home Phone: _____ | | Cell Phone: _____ | | |
| Social Security No.: _____ | | E-Mail: _____ | | |
| (Mandatory) | | | | |

2. Employing Mortgage Broker, Mortgage Banker or Privately Insured Institution Information:

| | | | | |
|---|--------|---------------|-------|-----|
| Mortgage Broker, Mortgage Banker or Privately Insured Institution Name: _____ | | | | |
| (List the name of the licensed company with which the applicant will be associated) | | | | |
| Mortgage Broker or Mortgage Banker License No. (if applicable): _____ | | | | |
| Address: _____ | | | | |
| | Street | City | State | Zip |
| Company Telephone No.: _____ | | E-Mail: _____ | | |
| (Must be a Local Land Line) | | (Mandatory) | | |

3. Required Items – Checklist:

- Child Support Statement. (Pursuant to NRS 645B.420 and NRS 645E.210, required regardless of any support obligations.)
- Personal History Record (including an explanation of “Yes” answers) completed, signed and notarized.
- Two fingerprint cards completed by the applicant. (Cards are available at local law enforcement agencies. Only Form FD-258 will be accepted.)
- Prior to issuance of a mortgage agent license, evidence of completion of 30 hours of certified courses of pre-licensing education **and** a score card evidencing passing the state examination administered by PSI. (See PSI’s website, www.psiexams.com, for testing information. See the Division’s website, www.mld.nv.gov, for education information.) Certificates issued for all courses must bear the name of the NAC 645B.360 certifying organization.

At least 15 of the 30 hours of pre-licensing education must be live/classroom instruction. (Applicants who are or intend to be associated with a licensed mortgage banker at a licensed office located outside of Nevada may complete all 30 hours of pre-licensing education online.) The 30 hours of pre-licensing education must include:

- 4 hours of ethics, which shall include instruction on fraud, consumer protection and fair lending issues
- 12 hours of federal law and regulations relating to mortgage lending, including 2 hours of training related to subprime lending and other non-traditional mortgage products
- 4 hours of Nevada law and regulations relating to mortgage lending and
- 10 hours of electives

- If the applicant intends to associate with, or be employed by, a mortgage broker, prior to issuance of a mortgage agent license, evidence that the applicant is named or included as a principal in the corporate surety bond deposited by the mortgage broker with the Commissioner.
- Copy of driver’s license.
- Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.
- \$185.00** non-refundable application fee. (Make check payable to “Division of Mortgage Lending.”)
- \$25.00** non-refundable fee for the annual CPA and AG assessments. (Make check payable to “Division of Mortgage Lending.”)

Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Please allow a minimum of 10 weeks for completion of the background investigation.

I, the undersigned, state that I am the person named in the foregoing Application for Mortgage Agent License; that I have read and signed said Application for Mortgage Agent 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 Mortgage Agent License and verified the information contained herein.

| | |
|--|---|
| APPLICANT’S SIGNATURE: _____ 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 |
|--|---|

The following is a statement from the mortgage broker, mortgage banker or privately insured institution with whom the mortgage agent applicant will be associated.

ACKNOWLEDGMENT OF INTENT TO EMPLOY

(Verified Statement: To Be Completed By the Mortgage Broker, Mortgage Banker or Privately Insured Institution Associating With, or Employing, the Mortgage Agent)

This is to certify that I am a duly licensed mortgage broker, mortgage banker or privately insured institution on active status. It is my present intent to employ or associate with me the within-named mortgage agent applicant.

If a mortgage agent’s license is issued to the mortgage agent applicant named within, I represent and agree that I will be responsible for the activities of the applicant as a mortgage agent, by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Mortgage Broker, Mortgage Banker or Privately Insured Institution: _____

By: _____

Authorized Signatory

Name of Signatory (print or type): _____

Title: _____

Date: _____

Original or “wet” signature required.



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CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** NRS 425.520, 645A.025, 645B.023, 645B.420 and 645E.210.

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



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PERSONAL HISTORY RECORD

This record is to be completed by a natural person applying for a mortgage agent license.

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. Incomplete applications will be returned.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 1/2 x 11" paper. White-out and/or correction tape is/are not permitted.

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 or revocation of a license.

Is the applicant the broker or banker/owner of the company? Yes No

Applicant's Full Legal Name: _____

First Middle Last

Applicant's Residence Address: _____

Address City State Zip

Residence Phone: _____ Business Phone: _____ Cell: _____

Gender: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Birthdate: _____ Birthplace: _____

Social Security No.: _____

Driver's License No.: _____ (Submit copy of driver's license.)

Name and address of the company for which licensing affiliation is requested:

Name of Company

Address of Company:

Street Address

City State Zip

1. Residential Addresses For The Last 5 Years (beginning with the most recent). (If additional space is required, use the Explanation Form. All “gaps” in residential address information must be explained.)

| From | To | Street | City | State | Zip |
|------|---------|--------|------|-------|-----|
| | Present | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Attach separate sheet if additional space is needed.

Are you a citizen of the United States? Yes ____ No ____ If no, Registration No.: _____

If naturalized, Certificate No.: _____ Date: _____

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.: _____

2. 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 | To | 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

If the answer is "Yes," give details:

- 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

If the answer is "Yes," give details:

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:

l. Are you 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:

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 Number | Explanation |
|-----------------|-------------|
| | |

**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 E of the Nevada Revised Statutes ("NRS") to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, escrow agency, escrow agent, 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 Personal History Record; that I have read and signed said 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 this Personal History Record and verified the information contained therein and have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

| | |
|--|---|
| APPLICANT'S SIGNATURE: _____ 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 |
|--|---|