



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 REGISTRATION FORM  
CREDIT SERVICE ORGANIZATIONS**

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

Pursuant to the provisions contained within NRS 598.701 to 598.878 of the Nevada Revised Statutes: "An organization (Credit Service) shall not advertise its services or conduct business in this state unless it has filed an Application for Registration and a Business Practice Questionnaire on forms prescribed by the Division of Mortgage Lending, Department of Business and Industry and has received a Certification of Registration from the Division." The law additionally requires that an Application for Registration be accompanied by a \$25.00 (non-refundable) administrative fee and a security in the amount of \$100,000.00 in a manner as provided for in NRS 598.701 to NRS 598.787. The business shall note in the Application for Registration a designation and acceptance, as well as continuously maintain, a resident agent for the service of legal process.

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name of Registered Agent: \_\_\_\_\_  
Address of Registered Agent: \_\_\_\_\_

Street Address City, State, Zip

Name of Owner: \_\_\_\_\_  
Address of Business Owner: \_\_\_\_\_

Street Address City, State, Zip

Telephone Number of Business: \_\_\_\_\_

E-mail Address of Owner: \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_

Business Tax ID# \_\_\_\_\_

Do you currently hold a Yes  No

bond: \_\_\_\_\_

Name of Key Employee: \_\_\_\_\_

Telephone Number of Key Employee: \_\_\_\_\_

Number of Clients currently receiving services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Number of \_\_\_\_\_  
Employees: \_\_\_\_\_

Itemized List of Fees \_\_\_\_\_  
Charged: \_\_\_\_\_

Describe what your business does (services to clients, products, or combinations thereof) and how you go about doing business. Submit copies of any written materials you may have concerning business sales, products, or services: \_\_\_\_\_

I, (we) the undersigned, do here affirm, certify, or swear that the information set in this application is true and complete to the best of my (our) knowledge, under penalty of perjury.

**APPLICANT'S SIGNATURE:**

Signature: \_\_\_\_\_  
Name (print or type) \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name (print or type) \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name (print or type) \_\_\_\_\_  
Date: \_\_\_\_\_

**Notary Public**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, a notary public, \_\_\_\_\_, personally known or proven to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the instrument.

\_\_\_\_\_  
**NOTARY PUBLIC** in and for said  
State and County