



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

**RENEWAL APPLICATION FOR CREDIT SERVICE  
ORGANIZATION - REGISTRATION**

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 renewal of a credit service organization registration.

Corporate Name of Credit Service Organization: \_\_\_\_\_

DBA if applicable: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Address of Physical Location of Credit Service Organization: \_\_\_\_\_

	Street Address
City	State
	Zip

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
(Must be a Local Land Line)

E-Mail: \_\_\_\_\_ Taxpayer Identification No.: \_\_\_\_\_  
(Mandatory)

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

Key Employee's Telephone No.: \_\_\_\_\_ Key Employee's E-Mail: \_\_\_\_\_  
(Must be a Local Land Line) (Mandatory)

Key Employee's Fax No.: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

1. Please complete the following for all owners of the credit service organization:

Name	Address	Telephone No.	Social Security No.	Percentage Of Interest Held (Must Equal 100%)
				_____ %
				_____ %
				_____ %
				_____ %
				_____ %

2. List all employees of the credit service organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does the credit service organization currently hold a bond?

- Yes
- No

Bond No.: \_\_\_\_\_ Amount of Bond: \$ \_\_\_\_\_

Name and Address of Corporate Surety Issuing the Bond: \_\_\_\_\_

\_\_\_\_\_

4. The number of clients to whom the credit service organization is currently providing services: \_\_\_\_\_

5. List of services which the credit service organization provides or offers to provide and the fees charged for each service:

Service	Fee

6. The credit service organization designates the following natural person as its resident agent for service of legal process:

Name of Resident Agent: \_\_\_\_\_

Address of Resident Agent: \_\_\_\_\_  
Street Address
City
State
Zip

Resident Agent's Telephone No.: \_\_\_\_\_ Resident Agent's Fax No.: \_\_\_\_\_  
(Must be a Local Land Line)

Resident Agent's E-Mail: \_\_\_\_\_  
(Mandatory)

The credit service organization acknowledges that it will continuously maintain a resident agent for service of legal process.

**Required Items – Checklist:**

- Evidence of \$100,000.00 bond or substitute security (irrevocable letter of credit for which the credit service organization applicant is the obligor and the Division of Mortgage Lending is the obligee, issued by a bank whose deposits are federally insured, or a certificate of deposit in a financial institution doing business in the State of Nevada and which is federally insured or insured by a private insurer approved pursuant to NRS 678.755).
- Business Practice Questionnaire.
- \$25.00** non-refundable renewal application fee. (Make check payable to "Division of Mortgage Lending.")

I, the undersigned, state that I am authorized to sign the within Renewal Application for Credit Service Organization – Registration on behalf of the applicant named herein; that I have read and signed said Renewal Application for Credit Service Organization - Registration and know the contents thereof and that the statements made therein are true. By signing below and initialing each page, I represent that I personally have completed this Renewal Application for Credit Service Organization – Registration and verified the information contained herein.

I acknowledge that all fees paid to the Division in connection with this renewal application are non-refundable.

Name: \_\_\_\_\_  
(Credit Service Organization)

By: \_\_\_\_\_  
Authorized Signatory (Owner)

Printed Name: \_\_\_\_\_

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

Subscribed and sworn to before me the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal



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**CREDIT SERVICE ORGANIZATION  
BUSINESS PRACTICE QUESTIONNAIRE**

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

This Business Practice Questionnaire must be typed or printed clearly in ink. If additional space is required to answer any question, please continue on a blank 8-1/2 x 11" sheet of paper and begin each carryover answer with the number of the question being answered. If an exemption is given, there is a required \$25.00 non-refundable administrative fee, made payable to the Division of Mortgage Lending.

1. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, ever been charged, arrested, convicted of, or pled guilty or nolo contendere ("no contest") to racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion or misappropriation of property or any other felony or misdemeanor?

Yes  No

If the answer is "Yes," please explain in detail all charges, arrests and convictions, including the jurisdictions and dispositions. Include any sealed or expunged convictions.

2. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, had a judgment or administrative order entered against them? This includes stipulated judgments or orders entered within the last 7 years.

Yes  No

If the answer is "Yes," please identify the court or administrative agency rendering the judgment or order against the person and provide the docket number of the matter the date of the judgment or order, the name of the governmental agency if any, that brought the action resulting in the judgment or order and briefly describe the matter.

3. Is any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, currently subject to an effective injunction or restrictive court or administrative order relating to a business activity as the result of any action brought by a federal, state or local agency? This includes any action affecting any license or registration authorizing him to do business or practice an occupation or trade.

Yes  No

If the answer is "Yes," identify the court or administrative agency issuing the order against the person, provide the docket number of the matter, the date of the order, the name of the governmental agency, if any that brought the action resulting in the order, and briefly describe the matter.

4. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, filed bankruptcy, been adjudicated bankrupt or been reorganized because of insolvency during the previous 7 years?

Yes  No

If the answer is "Yes," provide the name and address of the person filing bankruptcy, adjudged bankrupt or reorganized because of insolvency, the date of the action, the court which exercised jurisdiction and the docket number of the matter.

5. Has any principal, officer, director, trustee, shareholder, owner or partner of the business, or any person responsible for the management of the business, been employed by or associated with any business that has filed bankruptcy within the last 7 years?

Yes  No

If the answer is "Yes," identify the court and provide the docket number of the matter and the date of the order or judgment.

6. List the name and address of each person responsible for a location from which the business will conduct business.

Name	Address	Business Location

7. List the name, address and phone number of each salesman to be employed by or otherwise associated with the business.

Name	Address	Phone No.

8. When did the business first begin to operate in Nevada?

Month, day, year: \_\_\_\_\_

9. Does the business use any assumed or fictitious name to conduct business?

Yes  No

If the answer is "Yes," provide all such names:

10. Are there any companies affiliated with the business that will engage in a business transaction with a consumer that relates to any sale solicited by the business?

Yes  No

If the answer is "Yes," provide the name and address of each such company:

Name	Address

11. Are there any companies affiliated with the business that will accept responsibility for any statement or act of the business that relates to any sale solicited by the business?

Yes  No

If the answer is “Yes,” provide the name and address of each such company and indicate whether the business is a non-profit or for profit business:

Name	Address	Non-Profit or For Profit
		<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
		<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit

12. If the business is non-profit, does the business have tax-exempt status as an organization described in section 501(c)(3) of the Internal Revenue Code?

Yes  No

13. Does the business have a state and local business license?

Yes  
 No  
 Pending – provide evidence of a date-stamped application

14. Will you have salespeople?

Yes  No

15. Please attach a list of the clients for whom you will be soliciting.

16. Do the business or salespeople represent, imply, sell, provide or perform services related to an improvement in a buyer’s credit record, history or rating in return for the payment of money or other valuable consideration?

Yes  No

17. Do the business or salespeople represent, imply, sell, provide or perform services related to obtaining an extension of credit for a buyer in return for the payment of money or other valuable consideration?

Yes  No

18. Do the business or salespeople represent, imply, sell, provide or perform counseling services or assistance to a person in establishing or effecting a plan for the payment of his indebtedness in return for the payment of money or other valuable consideration?

Yes  No

19. Is the counseling or assistance provided by and within the scope of the authorized practice of a debt adjuster licensed pursuant to NRS Chapter 676?

Yes  No

20. Do the business or salespeople represent, imply, sell, provide or perform services related to advising or assisting a buyer with regard to the improvement of a buyer's credit record in return for the payment of money or other valuable consideration?

Yes  No

21. Do the business or salespeople represent, imply, sell, provide or perform services related to advising or assisting a buyer with regard to obtaining an extension of credit for a buyer?

Yes  No

22. Is the business or any salesperson organized, chartered, or holding a license or authorization certificate to make loans or extensions of credit pursuant to the laws of the State of Nevada, any other state or the United States?

Yes  No

If the answer is "Yes," list the type of license, state, regulatory or licensing agency and license or authorization number:

23. Is the business or any salesperson a bank, credit union, or savings and loan institution whose deposits or accounts are eligible for insurance by the Federal Deposit Insurance Corporation, the National Credit Union Share Insurance Fund, or a private insurer pursuant to NRS 678.755?

Yes  No

24. Is the business or any salesperson a licensed real estate broker by this state where the person is acting within the course and scope of that license?

Yes  No

25. Is the business or any salesperson licensed to practice law in this state and rendering services within the course and scope of his practice as an attorney at law?

Yes  No

26. Is the business or any salesperson a broker-dealer registered with the Securities and Exchange Commission or the Commodity Futures Trading Commission and acting within the course and scope of such regulation?

[ ] Yes [ ] No

27. Is the business or any salesperson a person who, for fees, dues or on a cooperative basis, regularly engages in whole or in part in the business of assembling or evaluating information regarding consumer reports to third parties, regardless of the means or facility of commerce used to prepare or furnish the consumer reports?

[ ] Yes [ ] No

I hereby understand and certify, under penalty of perjury, that by signing this Business Practice Questionnaire, I am stating that the information contained herein is true and correct and that this Business Practice Questionnaire will be verified by the State of Nevada. I hereby give the State of Nevada my written consent to investigate the contents of this Business Practice Questionnaire and I hereby unconditionally agree to hold the State of Nevada harmless from any and all liability, damages, costs, fees, expenses, judgments, orders or chares of ay kind that may occur or arise as a result of, or be in any way connected with, the information contained herein or the State of Nevada's investigation of such information. I have not omitted or neglected to provide any of the information requested herein or which Nevada Revised Statutes Chapter 598 or any regulations or rules of practice enacted pursuant thereto is required to be provided herein.

Business Name: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatory

Name of Authorized Signatory (print or type): \_\_\_\_\_

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

PLEASE NOTE: If the business is a corporation or limited liability company, an officer of the business must sign this Business Practice Questionnaire. If the business is a general partnership or joint venture, a partner or joint venturer, as applicable, of the business, must sign this Business Practice Questionnaire. If the business is a limited partnership, this Business Practice Questionnaire must be completed and signed by the general partner. If the business is a natural person, this Business Practice Questionnaire must be signed personally by the business. In addition, this Business Practice Questionnaire must be subscribed and sworn to in the presence of a Notary Public.

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