



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

**INTENT TO EMPLOY MORTGAGE AGENT**

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

A mortgage broker, mortgage banker or privately insured institution or organization licensed under Title 55 or 56 of NRS intending to employ or associate with a mortgage agent must submit this form to the Division.

**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)		
Mortgage Agent License No.: _____				

**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. Agent Information:** (Check applicable boxes below.)

- Reactivate with the same mortgage broker, mortgage banker or privately insured institution.
- Transfer to a different office with the same mortgage broker, mortgage banker or privately insured institution.
- Reaffiliate with the same mortgage broker, mortgage banker or privately insured institution which previously terminated the mortgage agent for failure to meet the education-test requirement.

**Required Item:**

- Evidence of mortgage agent’s 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](http://www.psiexams.com), for testing information. See the Division’s website, [www.mld.nv.gov](http://www.mld.nv.gov), for education information.) Certificates issued for all courses must bear the name of the NAC 645B.360 certifying organization.

**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.