



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

**REQUEST FOR APPROVAL OF OFFICE CLOSURE**

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

- Mortgage Broker (Principal Location)
- Mortgage Broker (Branch Office)
- Mortgage Banker (Principal Nevada Location)
- Mortgage Banker (Branch Office)

Pursuant to NAC 645B.057(2)(c) and NAC 645E.315(2)(c), a mortgage broker and mortgage banker may not close its principal office or a branch office until the Commissioner has approved the closure.

All fees, assessments and costs owed to the Division must be paid before office closure. If monies owed to the Division are not paid in full, it may impede future licensure as a mortgage agent, mortgage broker, mortgage banker or approval to be a qualified employee and collection efforts will be pursued.

Please note: If a mortgage banker does not maintain a principal office in Nevada, it may not conduct mortgage lending activity from out-of-state locations. In addition, if the principal Nevada mortgage banker office ceases operations, all out-of-state branch locations will be closed/inactivated by the Division.

Licensee's Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Closing Office Address: \_\_\_\_\_  
Street City State Zip

Effective Date of Closure: \_\_\_\_\_

Location where loan files will be maintained for the next four (4) years:

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Phone No.: \_\_\_\_\_

The status of any incomplete applications for mortgage loans (pipeline report) and the manner in which the loans will be finalized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An accounting of any trust account maintained by the mortgage broker and the plan for distribution of money in the account: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Items:**

- Evidence of termination of mortgage agents and return of mortgage agents' licenses
- Return of original mortgage broker or mortgage banker license

Name of Mortgage Broker or Mortgage Banker: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date