



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING

1830 E COLLEGE PKWY, STE 100
CARSON CITY, NV 89706

Phone: (775) 684-2970
Fax: (775) 684-7061
<http://fid.nv.gov>

Documents Received On

Financial Institutions Application for Renewal of Credit Union - Depository

License

Credit Union

1. Applicant Information

Legal name of Applicant

DBA, trade or assumed name(s) (different from above)

2. Principal business address (do not use a P.O. Box).

Address Line 1

Address Line 2

City

State

Zip Code

Web Site Address

Primary Phone Number

Toll Free Phone Number

Fax Number

3. Physical address of location where official books and records will be kept.

Address Line 1

Address Line 2

City

State

Zip Code

4. Contact person authorized to respond to registration and renewal inquiries.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

5. Contact person authorized to respond to consumer complaints.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

6. Contact person authorized to respond to examination.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

7. Branch Locations

<input type="text"/> Address Line 1			<input type="text"/> Branch Phone Number
<input type="text"/> Address Line 2			<input type="text"/> Toll Free Phone Number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Fax Number
<input type="text"/> Address Line 1			<input type="text"/> Branch Phone Number
<input type="text"/> Address Line 2			<input type="text"/> Toll Free Phone Number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Fax Number
<input type="text"/> Address Line 1			<input type="text"/> Branch Phone Number
<input type="text"/> Address Line 2			<input type="text"/> Toll Free Phone Number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Fax Number
<input type="text"/> Address Line 1			<input type="text"/> Branch Phone Number
<input type="text"/> Address Line 2			<input type="text"/> Toll Free Phone Number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Fax Number
<input type="text"/> Address Line 1			<input type="text"/> Branch Phone Number
<input type="text"/> Address Line 2			<input type="text"/> Toll Free Phone Number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Fax Number

Attach Additional Branch Locations if Necessary

You may find it helpful to keep a copy of the renewal application and addendum to track what has been sent to Financial Institutions Division.

The Division has no provision for expediting an application. Completed renewal application, addendum, supporting documents and renewal fee must be received in the Division's Carson City office on or before the expiration date to void reinstatement fee.

Please be advised that any outstanding fees must be paid, and any outstanding issues clear, prior to License or Registration Renewal.

8. Certification of Application

I, the undersigned, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the Nevada Financial Institutions Division. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature of Applicant _____ Title _____ Date _____

THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

_____, being duly sworn says that he is the applicant herein; or that he is making this application on behalf of said applicant; that he has read the foregoing application and knows the contents thereof and that the same is true to the best of his knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

_____ County, State of _____

this _____ day of _____, 20__

Notary Public

(Notary Seal)

9. Renewal Checklist

Uniform Application for Renewal of Licensing/Registration - Depository Licensee

Provide a list of all executive officers and board members. Please indicate whether the officer or director was added after the last submitted renewal and include their start date at the institution.