



STATE OF NEVADA  
 FINANCIAL INSTITUTIONS DIVISION  
 DEPARTMENT OF BUSINESS AND INDUSTRY  
 ATTN: APPLICATION PROCESSING  
 1830 COLLEGE PKWY, STE 100  
 CARSON CITY, NV 89706

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

Documents Received On

**NAME CHANGE REQUEST FOR TRUST COMPANIES**

- Name Change  Add dba

**1. Select License Type**

- Retail Trust  Family Trust

**2. Current Name of Licensee**

Legal Name of Licensee   
 NV License Number

DBA, Trade or Assumed Name(s) (if different from above)

**3. New Name or dba of Licensee and Location**

New Name or DBA   
 Primary Phone Number

Address   
 Toll Free Phone Number

City   
 State   
 Zip Code   
 Fax Number

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

Address Line 1   
 Primary Phone Number

Address Line 2   
 Toll Free Phone Number

City   
 State   
 Zip Code   
 Fax Number

**5. Contact person authorized to respond to application 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

**6. 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

**7. 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

**8. Disclosures:**

Since application of initial licensing/registration or the previous application of renewal, has the licensee had any material changes in ownership or business model?

NO     YES

If yes, please provide details.

--

**9. Checklist for Name Change**

- 1.  Fidelity Bond/Bond Rider, with updated name;
- 2.  A copy of appropriate municipal (city/county) business license with updated name, if applicable;
- 3.  Lease Agreement with updated name (or statement of fact) (if applicable);
- 4.  Copy of the Nevada State Business license with updated name; (for corporation name change only)
- 5.  Copy of the appropriate county filing for adding the dba;
- 6.  Surrender of the Original Certificate/License.

**10. Please explain the reason for the Name Change (attach a separate sheet if necessary)**

**11. Certification of Request**

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 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 Licensee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_