



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

TRANSFER OF LOCATION REQUEST FOR NON-DEPOSITORY LICENSEE

I. Name of Licensee and Location

Legal name of Licensee

NV License Number

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

II. Select License Type

- Family Trust Company
 Trust Company

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

Address Line 1

Primary Phone Number

Address Line 2

Toll Free Phone Number

City

State

Zip Code

Fax Number

IV. 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

V. 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

VI. 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

VII. 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

VIII. Disclosures:

Since application of 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.

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IX. Checklist for Transfer of Location

- 1. Evidence Surety Bond/Bond Rider, with updated address;
- 2. A copy of appropriate municipal (city/county) business license for business location address;
- 3. Lease Agreement with updated address;
- 4. Surrender of the Original Certificate/License from the previous address.

X. 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 _____