

**State of Nevada**  
**Department of Business and Industry**  
**Nevada Consumer Affairs**

**APPLICATION FOR REGISTRATION**  
(Structured Settlement Purchase Company)

**Required Items – Checklist: PLEASE CHECK ✓ EACH BOX THAT APPLIES**

- Complete Application
- \$50,000 surety bond or letter of credit made payable to the State of Nevada
- Sworn Certificate
- If the applicant is an individual, the Child Support Statement
- Copy of Nevada Business License or Authorization to do business as a foreign entity
- Copy of the organization's Certificate of Good Standing
- \$250 non-refundable Initial Application and Fee
- \$250 non-refundable Renewal Fee (Timely)
- \$375 non-refundable Renewal Fee (within 60 days after expiration)
- \$500 non-refundable Reinstatement Application Fee (more than 60 days after expiration)

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**MAIL FORMS TO:** Nevada Consumer Affairs, 2300 W. Sahara Ave., Suite 110, Las Vegas, Nevada 89102 - Telephone (702) 486-2750 - Fax (702) 486-2758 **Carson City:** 1830 College Parkway, Suite 100, Carson City, Nevada 89706 - Telephone (775) 684-1910 - Fax (775) 684-2998  
[www.consumeraffairs.nv.gov](http://www.consumeraffairs.nv.gov) - Email: [register@business.nv.gov](mailto:register@business.nv.gov) - Toll Free (844) 594-7275

## APPLICATION FOR REGISTRATION

(Structured Settlement Purchase Company)

*Mail or hand-deliver to Nevada Consumer Affairs' Las Vegas office.*

The State of Nevada's Structured Settlement Protection Act, structured settlement purchase companies ("SSPC") doing business in the State of Nevada must register with Nevada Consumer Affairs of the Department of Business and Industry. The registration requirements are set forth in NRS 42.200 to 42.400 and include obtaining a surety bond or letter of credit in the amount of \$50,000.

Pursuant to NRS 42.200 et seq. the undersigned hereby makes application to Nevada Consumer Affairs for registration as structured settlement purchase company.

Name of Applicant and DBA if applicable: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Street Address

City

State

Zip

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Mandatory)

Taxpayer Identification # or Social Security #: \_\_\_\_\_

(If applicant is a Natural Person provide Social Security #)

State of Organization (attach Certificate of Good Standing): \_\_\_\_\_

Nevada Business License # or Foreign Entity Qualification: \_\_\_\_\_

(Attach a copy of the license or qualification)

Name of Member  Owner  Officer  Director  or Manager  submitting application: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(Mandatory)

Fax No: \_\_\_\_\_

### INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Registration must be renewed by the registrant on or before the renewal date for additional one-year periods

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4. The applicant designates the following natural person as its resident agent for service of legal process in the State of Nevada.

Name of Resident Agent: \_\_\_\_\_

Address of Resident Agent: \_\_\_\_\_  
Street Address City State Zip

Resident Agent's Telephone No.: \_\_\_\_\_ Resident Agent's Fax No.: \_\_\_\_\_

Resident Agent's E-Mail: \_\_\_\_\_

The SSPC applicant acknowledges that it will continuously maintain a resident agent in the State of Nevada for service of legal process.

I, the undersigned, certify that I am authorized to sign the within Application for Registration on behalf of the applicant named herein; that I have read and signed the Application for Registration and know the contents thereof and that the statements made herein are true and correct. By signing below, I represent that I have personally completed this Application for Registration (Structured Settlement Purchase Company) and verified the information contained herein.

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I acknowledge that all fees paid to Nevada Consumer Affairs of the Department of Business and Industry in connection with this application for registration are non-refundable.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Signatory) / (Owner)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
(Name of person making statement)

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal

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# SWORN CERTIFICATE

(Owner, Officer, Director, Member or Manager of Applicant)

State of .....

County of.....

The undersigned applicant or authorized representative of the applicant swears or affirms that the applicant has secured a surety bond or has been issued a letter of credit in the amount of \$50,000 (Security) and that the Security:

\_\_\_ is executed by a corporate surety licensed to do business in this State;

\_\_\_ is made payable to the state of Nevada;

\_\_\_ is effective concurrently with the registration of the applicant and remain in effect for not less than three years after the expiration or termination of the registration.

\_\_\_ will be renewed each year as needed to keep it continuously in effect when the registration of the applicant is renewed unless the applicant obtains alternative security which complies with all applicable provisions regarding Security posted by structured settlement purchase companies;

\_\_\_ ensures the structured settlement purchase company's compliance with Nevada's Structured Settlement Protection Act;

\_\_\_ provides a source of recovery for a payee if the payee obtains a judgment against the structured settlement purchase company for a violation of the Structured Settlement Protection Act;

\_\_\_ cannot be cancelled or modified during the term for which it is issued unless the surety or the structured settlement purchase company provides written notice to Nevada Consumer Affairs at least 20 days prior to the effective date of the cancellation or modification; and

\_\_\_ provides that the liability of the surety must not be affected by: (i) any breach of contract, breach of warranty, failure to pay a premium or other act or omission of the structured settlement purchase company; or (ii) the insolvency or bankruptcy of the structured settlement purchase company.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Signed and sworn to (or affirmed) before me on \_\_\_\_\_

by \_\_\_\_\_

.....

(Signature of notarial officer)

(Seal, if any)

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