



## NMLS COMPANY FORM

The NMLS Company Form is the universal licensing form used by companies and sole proprietors to apply for and maintain any non-depository, financial services license authority with a state agency participating on NMLS. Not all sections of the NMLS Company Form may apply to all companies. In accordance with state law, applicants may be required to have certain persons (e.g. Owners, Branch Managers, etc) complete an NMLS Individual Form to be submitted along with the NMLS Company Form.

**\* ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH [NMLS](#) – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY \***

### 1. Business Activities

Select **all** business activities conducted by your company from the list below, including business activities for which a license request is being submitted or for which your company is not specifically seeking licensing authority. The definitions for these terms can be found in [Business Activities Definitions](#).

Mortgage	Consumer Finance	Debt	Money Services
<input type="checkbox"/> First mortgage brokering	<input type="checkbox"/> Payday lending - storefront	<input type="checkbox"/> First party debt collection	<input type="checkbox"/> Electronic money transmission
<input type="checkbox"/> Second mortgage brokering	<input type="checkbox"/> Payday lending - online	<input type="checkbox"/> Third party debt collection	<input type="checkbox"/> Issuing traveler's checks
<input type="checkbox"/> First mortgage lending	<input type="checkbox"/> Consumer loan brokering	<input type="checkbox"/> Debt negotiation	<input type="checkbox"/> Selling traveler's checks
<input type="checkbox"/> Second mortgage lending	<input type="checkbox"/> Consumer loan lending	<input type="checkbox"/> Debt settlement/debt adjuster	<input type="checkbox"/> Issuing money orders
<input type="checkbox"/> First mortgage servicing	<input type="checkbox"/> Consumer loan servicing	<input type="checkbox"/> Passive debt buying (does not undertake direct collections on accounts)	<input type="checkbox"/> Selling money orders
<input type="checkbox"/> Third party first mortgage servicing	<input type="checkbox"/> Sales finance company activities – motor vehicles	<input type="checkbox"/> Active debt buying (undertakes direct collections on accounts)	<input type="checkbox"/> Bill paying
<input type="checkbox"/> Subordinate lien mortgage servicing	<input type="checkbox"/> Sales finance company activities – general	<input type="checkbox"/> Debt management/credit counseling	<input type="checkbox"/> Issuing and/or selling drafts
<input type="checkbox"/> Third party subordinate lien mortgage servicing	<input type="checkbox"/> Title lending	<input type="checkbox"/> Credit repair	<input type="checkbox"/> Transporting currency
<input type="checkbox"/> Master servicing	<input type="checkbox"/> Refund anticipation lending	<input type="checkbox"/> Judgment recovery	<input type="checkbox"/> Issuing prepaid access/stored value
<input type="checkbox"/> Mortgage loan purchasing	<input type="checkbox"/> Premium finance company activities	<input type="checkbox"/> Repossession agency activities	<input type="checkbox"/> Selling prepaid access/stored value
<input type="checkbox"/> Short sale	<input type="checkbox"/> Retail installment selling	<input type="checkbox"/> Repossession agent activities	<input type="checkbox"/> Check cashing
<input type="checkbox"/> Foreclosure consulting/foreclosure rescue	<input type="checkbox"/> Escrowing agents	<input type="checkbox"/> Non-mortgage loan modifications	<input type="checkbox"/> Foreign currency dealing or exchanging
<input type="checkbox"/> Home equity lending/lines of credit	<input type="checkbox"/> 1031 exchange companies	<input type="checkbox"/> Bi-weekly payment processing services	<input type="checkbox"/> Other – money services
<input type="checkbox"/> Reverse mortgage brokering	<input type="checkbox"/> Private student loan lending	<input type="checkbox"/> Other - debt	
<input type="checkbox"/> Reverse mortgage lending	<input type="checkbox"/> Private student loan servicing		
<input type="checkbox"/> Reverse mortgage servicing	<input type="checkbox"/> Non-private student loan lending		
<input type="checkbox"/> Credit insurance services	<input type="checkbox"/> Non-private student loan servicing		
<input type="checkbox"/> Third party mortgage loan processing	<input type="checkbox"/> Rent-to-own		
<input type="checkbox"/> Third party mortgage loan underwriting	<input type="checkbox"/> Accounting/Billing servicing		
<input type="checkbox"/> Manufactured housing financing	<input type="checkbox"/> Industrial loan lending companies		
<input type="checkbox"/> Lead generation	<input type="checkbox"/> Pawn brokering		
<input type="checkbox"/> Commercial mortgage brokering or lending	<input type="checkbox"/> Property tax lending		
<input type="checkbox"/> Mortgage loan modifications	<input type="checkbox"/> Non-depository ATM operation		
<input type="checkbox"/> Other - mortgage	<input type="checkbox"/> Prepaid funeral plan providers		
	<input type="checkbox"/> Other – consumer finance		

**2. Identifying Information**

Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:

(A) Entity name (sole proprietors provide last, first, and full middle name)	(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)
_____	_____

(C) Do you want to amend your legal name?  Yes

New Entity Name: \_\_\_\_\_  
(sole proprietor user "Last, First, Middle")

(D) Main address (Do not use a P.O. Box):

_____	_____	_____	_____	_____
Number & Street	City	State	Country/Province	Postal Code

(E) Business phone, fax and email address:

( ) - ext	( ) - ext	( ) -	_____
Business Phone	Toll Free Number (For consumers)	Fax Line	Email Address

(F) Mailing address:  Same as above

_____	_____	_____	_____	_____
PO Box or Number & Street	City	State	Country/Province	Postal Code

(G) Other than the office in 2D, does the entity conduct business with consumers through branch offices or other business locations?  
 YES                       NO

(In certain state(s), branch offices or other business locations must be registered or licensed. Use NMLS Branch Form to report these to the regulatory agency(s).)

**3. Other Trade Names**

List any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company must be identified below. Use additional sheets as necessary.

NOTE: Review state licensing requirements for rules and restrictions regarding other trade names.

_____	_____	Identify applicable industry: <input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	
_____	_____	Identify applicable industry: <input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	
_____	_____	Identify applicable industry: <input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services
Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	

#### 4. Resident/Registered Agent

Provide the information for your company's resident/registered agent below. If the resident/registered agent is a company rather than an individual, put the words 'registered agent' in the Title field. Use additional sheets if necessary.

_____	_____	_____	_____
Company	First Name	Last Name	Title
_____	_____	_____	_____
Number & Street (Do not provide PO Box)	City	State	Country/Province
_____	_____	_____	_____
( ) - ext	( ) -	_____	Postal Code
Business Phone	Fax Line	Email Address	

#### 5. Web Addresses

Provide the full web address(es) for the company and any separate websites for other trade names identified in question 3 (if one exists).

- (A) Website Address: \_\_\_\_\_  
Is your company accepting applications or transacting business through this website?  YES  NO
- (B) Website Address: \_\_\_\_\_  
Is your company accepting applications or transacting business through this website?  YES  NO
- (C) Website Address: \_\_\_\_\_  
Is your company accepting applications or transacting business through this website?  YES  NO

#### 6. Primary Contact Employee Information

List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.

- Primary Company
- Primary Consumer Complaint (Regulator)

_____	_____	_____	_____
First Name	Last Name	Title	Email Address
_____	_____	_____	_____
PO Box or Number & Street	City	State	Country/Province
_____	_____	_____	Postal Code
( ) - ext	( ) -		
Business Phone	Fax Line		

**7. Additional Contact Employees Information**

In the section below, identify any additional contact employee you wish to assist regulators with specific inquiries. Use additional sheets if necessary.

_____	_____	_____	_____
First Name	Last Name	Title	Email Address
_____	_____	_____	_____
PO Box or Number & Street	City	State	Country/Province
_____	_____	_____	Postal Code
( ) - ext	( ) -		
Business Phone	Fax Line		
Identify applicable industry:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Debt	<input type="checkbox"/> Consumer Finance
			<input type="checkbox"/> Money Services
Indicate area(s) in charge:			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Call Report	<input type="checkbox"/> Consumer Complaint (Public)	<input type="checkbox"/> Consumer Complaint (Regulator)
<input type="checkbox"/> Exam Billing	<input type="checkbox"/> Exam Delivery	<input type="checkbox"/> Legal	<input type="checkbox"/> Licensing
		<input type="checkbox"/> Litigation	<input type="checkbox"/> Pre-Exam Contact
Identify the state(s) for every listed contact employee:	_____		

**8. Books and Records Information**

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

_____	_____	_____		
Company	First Name	Last Name		
<input type="checkbox"/> Same as main address				
_____	_____	_____	_____	_____
Business Address (Do not provide PO Box)	City	State	Country/Province	Postal Code
( ) - ext	( ) -			
Business Phone	Fax Line	_____		
		Email Address		
Identify applicable industry:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Debt	<input type="checkbox"/> Consumer Finance	<input type="checkbox"/> Money Services
Identify the state(s) for which every listed record custodian maintains records for the company:	_____			
Comments:	_____			

**9. Approvals and Designations**

Provide the information below for any approvals and/or designations the company currently holds.

- (A) Federal Housing Administration (FHA) Approval (if selected, indicate Approval Type:  Government Lender  Investing Lender  Nonsupervised Lender  Supervised Lender; and provide Main Approval #: \_\_\_\_\_)
- (B) Ginnie Mae approved Issuer/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (C) Fannie Mae approved Seller/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (D) Freddie Mac approved Seller/Servicer (if selected, provide Main Approval #: \_\_\_\_\_)
- (E) Veterans Administration (VA) Approved Lender (if selected, provide Main Approval #: \_\_\_\_\_)
- (F) FinCEN Registration (Money Service Businesses only) (if selected, provide Confirmation #: \_\_\_\_\_ and Filing Date: \_\_\_\_\_)
- (G) Uniform Debt-Management Services Act Accreditation
- (H) Guaranteed Rural Housing (GRH) Approval (if selected, provide Main Approval #: \_\_\_\_\_)
- (I) Other Approval/Designation (if selected, provide the name of approval/designation and number below)  
Name of Approval/Designation: \_\_\_\_\_ Approval/Registration #: \_\_\_\_\_

(J) Will entity engage in any non-financial services-related business? If "yes" briefly describe. _____	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
(K) Will the entity occupy or share space with any person(s) engaged in financial services-related activity? If "yes" briefly describe. _____	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

**10. Bank Account Information**

Bank account information should be provided only if you are instructed by your regulator to provide such information.

Provide the information requested below as required for each bank account, including applicable Industry Type(s) and State(s). Use additional sheets if necessary.

(A) Account Type:  Letter/Line of Credit  Operating  Trust/Primary

If Letter/Line of Credit is selected, complete (B) and (C):

(B) \_\_\_\_\_ (C) \_\_\_\_\_  
 Amount of Letter/ Line of Credit Letter/Line of Credit Expiration Date (MM/DD/YYYY)

(D) Bank Name: \_\_\_\_\_

(E) \_\_\_\_\_ (F) \_\_\_\_\_ (G) \_\_\_\_\_ (H) \_\_\_\_\_  
 PO Box or Number & Street City State Country/Province Postal Code

(I) \_\_\_\_\_ (J) Notes: \_\_\_\_\_  
 Account Number

(K) Identify applicable industry:  Mortgage  Debt  Consumer Finance  Money Services

(L) Identify the state(s) for every listed bank account: \_\_\_\_\_

**11. Legal Status**

(A) Fiscal year end (MM/DD): \_\_\_\_\_

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

Formation State: \_\_\_\_\_ Formation Country/Province: \_\_\_\_\_ Date of formation (MM/DD/YYYY): \_\_\_\_\_

(C) If publicly traded please insert stock symbol: \_\_\_\_\_

(D) Indicate legal status of applicant.

- Corporation
- Limited Liability Company
- General Partnership
- Limited Partnership
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Not For Profit Corporation
- Sole Proprietorship
- Trust
- Other (specify) \_\_\_\_\_

<b>12. Affiliates/Subsidiaries</b>				
In this section, you must identify each entity under common ownership (affiliate) and each entity under your control (subsidiary) that provides Financial services or settlement services. Use additional sheets if necessary.				
(A) Entity ID: _____ (B) Affiliate/Subsidiary Name: _____ (C) _____ (D) _____ (E) _____ (F) _____ Number & Street City State Country/Province Postal Code (G) Control Relationship: <input type="checkbox"/> Affiliate (Under Common Control) <input type="checkbox"/> Subsidiary (Entity Controls) (H) Description: _____ (I) I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest) <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>13. Financial Institutions</b>				
If your company is controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company, all such financial institutions must be identified in this section. Use additional sheets if necessary.				
Type of Institution:	<input type="checkbox"/> Bank Holding Company <input type="checkbox"/> Credit Union <input type="checkbox"/> Foreign Bank <input type="checkbox"/> National Bank <input type="checkbox"/> Savings Association/Savings Bank <input type="checkbox"/> State Member Bank of the Federal Reserve System <input type="checkbox"/> State Non-Member Bank <input type="checkbox"/> Thrift Holding Company			
Financial Institution Name: _____				
_____	_____	_____	_____	
Number and Street	City	State	Country/Province Postal Code	
Relationship Description: _____				
<b>14. Disclosure Questions</b>				
For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the applicant. If the answer to any of the following is "YES", you must provide complete details to the state(s) where you are licensed/registered or requesting licensure/registration. Remember to file updates of these disclosures as needed.				
<b>Criminal Disclosure</b>			<b>YES</b>	<b>NO</b>
(A) Has the entity or a control affiliate ever:				
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?			<input type="checkbox"/>	<input type="checkbox"/>
(2) been charged with any felony?			<input type="checkbox"/>	<input type="checkbox"/>
(B)				
(1) In the past 10 years has the entity or a control affiliate been convicted of pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?			<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)?			<input type="checkbox"/>	<input type="checkbox"/>
<b>Regulatory Action Disclosure</b>				
(C) In the past 10 years, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:				
(1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?			<input type="checkbox"/>	<input type="checkbox"/>
(2) found the entity or a control affiliate to have been involved in a violation of a financial services-related regulations(s) or statute(s)?			<input type="checkbox"/>	<input type="checkbox"/>
(3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?			<input type="checkbox"/>	<input type="checkbox"/>

(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is there a pending regulatory action proceeding against the entity or a control affiliate for any alleged violation described in (C) through (D)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(F) Has any domestic or foreign court:		
(1) in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(2) in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Disclosure</b>		
(H) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Does the entity have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**15. Direct Owners and Executive Officers**

Provide the information requested below for the individual or company being identified as a (i) direct owner of 10% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An NMLS Individual Form must be completed for all natural person(s) identified in this section.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership	Individual or Company	Stock Symbol (Company Only)	SSN or EIN (Company Only)
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		

**16. Indirect Owners**

Are there any indirect owners of the entity required to be reported?  
 YES (If yes, you must provide the information requested in the section below.)  NO  
 Ownership Type examples include: partner, trustee, indirect owner, shareholder, etc. The Equity Owner is the company in which the ownership interest is held. An NMLS Individual Form must be completed for all Individuals identified as control persons.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Ownership Type	Equity Owner in Which Interest is Held	% Ownership	Control Person <input type="checkbox"/> Yes <input type="checkbox"/> No	Stock Symbol (Company Only)	SSN or EIN (Company Only)	Individual or Company <input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

**17. Qualifying Individuals**

Provide the information requested below for the Qualifying Individual, including applicable Industry Type(s) and State(s). In addition, an NMLS Individual Form must be completed for each Qualifying Individual. Use additional sheets if necessary:

Identify applicable industry by inserting the following code(s) in the *Industry* column:

- MTG** - Mortgage
- CF** - Consumer Finance
- DM** - Debt
- MSB** - Money Service

Entity ID	Full Legal Name (Last Name, First Name, Middle Name)	Title	Business Address	City	State	Country/Province	Postal Code	Industry	State(s) for QI



**EXECUTION:** I, <<NAME>>, <<TITLE/POSITION>>, am employed by or am an officer or a control person of <<COMPANY>> (Applicant). Applicant agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) To the extent any information submitted is part of an advance change notice with a delayed effective date, such information is accurate and complete as of this submission;
- (4) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the Applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (5) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (6) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

On this << MM/DD/YYYY >>, I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information and belief.