



MULTISTATE UNIFORM INDIVIDUAL LICENSURE FORM

Date of filing (MM/DD/YYYY): _____

- | | |
|---|--|
| <input type="checkbox"/> NEW APPLICATION | <input type="checkbox"/> AMENDMENT (To amend, circle or identify item(s) being amended.) |
| <input type="checkbox"/> ESTABLISH RELATIONSHIP | <input type="checkbox"/> TERMINATE RELATIONSHIP (eg: employment, sponsorship, etc) |
| <input type="checkbox"/> SURRENDER | <input type="checkbox"/> OTHER (review jurisdiction-specific instructions) _____ |

License Number information (if applicable). Use additional sheets if necessary.

State	License #	State	License #	State	License #
State	License #	State	License #	State	License #

1. Identifying Information

(A) Full last, first and middle names:

Last Name	First Name	Full Middle Name	Suffix (if any)
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(B) Social Security Number: _____ (C) Gender: Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country/Province of Birth: _____

(G) US Citizen: YES NO (H)* State of Government Issued Identification (if required by regulator): _____

(I)* Passport Issuing Country (if required by regulator): _____ (J)* Government Issued Identification /Passport Number (if required by regulator): _____

* For questions H – J, consult jurisdiction specific checklist

(K) Other than your legal name, list all name(s) you are using or have used since the age of 18. Examples include nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name _____ Name _____
Name _____ Name _____

(L) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

Last Name	First Name	Full Middle Name	Suffix (if any)
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(M) Employer Name: _____

(N) Employment address: (do not use a P.O. Box) _____ If this address is your private residence, check this box.

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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Position Held

(O) Current Residential address (if different from employment address):

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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(P) Telephone Numbers and e-mail address:

() - _____ () - _____ () - _____

Business Phone	Extension	Home Phone (optional)	Cell Phone (optional)
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() - _____ e-mail address (optional): _____

Fax Line (optional)

2. Company Relationship and Sponsorship Representation:

(A) **ESTABLISH RELATIONSHIP/ CREATE SPONSORSHIP** To the best of my knowledge and belief, at the time of approval, the *applicant* will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the *applicant* an opportunity to review the information contained herein and the *applicant* has approved this information and signed the form.

Relationship Effective Date (MM/DD/YYYY): _____

Specify below the license(s) that will be supervised by the company. By making the selection and signing below you denote that the individual's financial-related activities are appropriately supervised by the employer for the individual to be eligible to hold a valid, active, approved license in a state. Supervision of financial-related activity equals Sponsorship. Where required, sponsorships must be established separately for each license. (Use additional sheets as needed)

License Name: _____ Sponsorship Effective Date (MM/DD/YYYY): _____
 License Name: _____ Sponsorship Effective Date (MM/DD/YYYY): _____
 License Name: _____ Sponsorship Effective Date (MM/DD/YYYY): _____

_____ by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

(B) **TERMINATE RELATIONSHIP/ SPONSORSHIP** I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application for termination of an individual license/registration. I am aware that by terminating the relationship means the termination of the sponsorship as well. (Use additional sheets as needed)

Termination Effective Date (MM/DD/YYYY): _____

License Name: _____ License Name: _____

_____ by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

Reason for termination (optional):

- Deceased on date (MM/DD/YYYY) _____ Permitted to Resign – Explanation _____
 Voluntary Resignation _____ Discharged – Explanation _____

Relationship and Sponsorship Representation must always be completed in full with original, manual signature.

3. Residential History

Starting with current address, you must provide all of your residential addresses for the past ten years without gaps. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country/ Province	Mailing Address (yes/no)

(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against the organization for any alleged violation described in (K) through (N)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(P) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
NMLS or SRR Testing Rules of Conduct Disclosure		
(R)		
(1) Have you ever been found to have violated any Rule of Conduct for test takers of the SAFE MLO Test or found to have violated the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Have you been notified that you are the subject of an investigation by the Mortgage Testing and Education Board (MTEB) or State Regulatory Registry LLC (SRR) regarding an alleged violation of the Rules of Conduct for test takers of the SAFE MLO Test or the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?	<input type="checkbox"/>	<input type="checkbox"/>
7. Fingerprint Information		
<input type="checkbox"/> I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.		
8. Credit Report		
<input type="checkbox"/> I represent that I am authorizing the appropriate jurisdiction(s) to request a credit report in connection with this filing.		
9. Individual's Acknowledgment & Consent		
I swear or affirm that I have executed this form before a Notary Public, on my own behalf, and agree to and represent 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, accurate 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 and hereby, such information remains accurate and complete;		
(3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into my background, in accordance with all laws and regulations;		
(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and		
(5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which I am applying.		
If an Applicant has 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.		
Notary seal here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ _____ on this _____ Date _____ Notary Public signature	_____ Signature of individual by _____ _____ Print individual's name _____ at _____ Year State County _____ Notary Appointment Expires (MM/DD/YYYY)
Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.		