



Amendments Checklist

Jurisdiction-Specific Requirements



ARIZONA MORTGAGE BANKER AMENDMENT CHECKLIST

INSTRUCTIONS

1. **YOU MUST PROVIDE YOUR COMPANY NMLS UNIQUE ID #, ENTITY LICENSE NAME, AzDFI MAIN LICENSE NUMBER AND AzDFI LICENSE NAME. IF APPLICABLE ALSO PROVIDE AzDFI BRANCH LICENSE # OR YOUR CHANGES COULD BE DELAYED!!**
2. **CHANGES** must be reported in a timely manner, penalties may be assessed for not complying.
3. **Authorized Signor**, this amendment will **ONLY** be accepted if: the **Owner/Officer/Member signature** on file with the department is one who attested to changes on NMLS.
4. **NOTE:** If the company structure changes, (i.e. sole prop to Inc. or LLC to Inc. or Tax ID changes etc.) a new application must be completed. The current company would need to be closed/terminated on NMLS and your license would need to be surrendered.
5. **Any** Change of Address, Change of Name, Change in Control Person, Change in Responsible Individual, or Branch Manager must also be reported on the applicable Form MU1 and Form MU2.
6. [Branch Manager Change Checklist](#) – Click to go to checklist.
7. [Duplicate License Request Checklist](#) – Click to go to checklist.
8. [Name Change Checklist](#) – Click to go to checklist.
9. [Address Change Checklist](#) – Click to go to checklist.
10. [Responsible Individual \(“RI”\) Change Checklist](#) – Click to go to checklist.
11. [Officer, Directors Or Members Change Checklist](#) – Click to go to checklist.
12. [Ownership / Control Change Checklist](#) – Click to go to checklist.
13. ALL FEES ARE NOT COLLECTED BY NMLS. PLEASE SEND A CHECK TO AND PAYABLE TO AzDFI.ALONG WITH CHECKLIST(S) The amendment is not started until we receive checklist and check.
14. AzDFI licensing department will review the filing and all required documents and then communicate with you through NMLS. To review your status in NMLS, click the Tasks tab and click Work List.
15. Jurisdiction-specific requirements as identified on the checklist below must be received with this checklist within 5 business days of the electronic submission of your application through the NMLS at the following:

For U.S. Postal Service:

Arizona Department of Financial Institutions
Licensing Department
2910 N. 44th Street Suite 310
Phoenix, AZ 85018

For Overnight Delivery:

Arizona Department of Financial Institutions
Licensing Department
2910 N. 44th Street Suite 310
Phoenix, AZ 85018

BRANCH MANAGER CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM</u> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>BRANCH MANAGER CHANGE FORM</u> : Fill out information below.

WHO TO CONTACT – Contact Arizona Department of Financial Institutions licensing staff by e-mailing your questions to licensing@azdfi.gov for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.

DUPLICATE LICENSE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM</u> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	DUPLICATE LICENSE FEE : Please send a check payable to AzDFI for \$100.00.
<input type="checkbox"/>	<input type="checkbox"/>	DUPLICATE BEING REQUESTED : License Number _____
<input type="checkbox"/>	<input type="checkbox"/>	REQUIRED DOCUMENTS AND FEES . Have you attached ALL of the required documents and fees for this change according to this Checklist(s)? IF NOT, DO NOT submit this request until ALL required documents and fees have been attached.

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NAME CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
		NOTE: If the company structure changes, (i.e. sole prop to Inc. or LLC to Inc. or Tax ID changes, etc.) a new application must be completed. The current company would have to be closed/terminated. Please do not complete a change for if this has occurred.
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM:</u> Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	NAME CHANGE FEE: Please send a check to AzDFI and payable to AzDFI for \$250.00.
<input type="checkbox"/>	<input type="checkbox"/>	EXACT NEW NAME: _____ DATE OF NEW NAME CHANGE: _____(MM/DD/YYYY) EXACT NEW DBA NAME IF APPLICABLE: _____
<input type="checkbox"/>	<input type="checkbox"/>	RETURN ORIGINAL LICENSE: If you do not have original license please also pay the duplicate license fee of \$100.00. Please send a check for the duplicate license fee payable to AzDFI.
<input type="checkbox"/>	<input type="checkbox"/>	BOND: Please send original bond rider with new name.
<input type="checkbox"/>	<input type="checkbox"/>	CORPORATION: If you are a Corporation; we need a copy of the approved amended articles of incorporation.
<input type="checkbox"/>	<input type="checkbox"/>	FOREIGN CORPORATION: If company is a foreign corporation; we need a copy of the approved Arizona foreign authorization.
<input type="checkbox"/>	<input type="checkbox"/>	DBA: If DBA name, a copy of the trade name certificate showing legal name and DBA name.

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ADDRESS CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM</u> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	ADDRESS CHANGE FEE : Please send a check payable to AzDFI for \$50.00 to AzDFI.
<input type="checkbox"/>	<input type="checkbox"/>	RETURN ORIGINAL LICENSE : If you do not have original license please also pay the duplicate license fee of \$100.00. Please send a check for the duplicate license fee payable to AzDFI.
<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIAL LOCATION : If the location is a commercial office location; a copy of the lease agreement in the name of the licensee must be submitted. If there is a sublease, then please submit along with lease agreement.
<input type="checkbox"/>	<input type="checkbox"/>	<u>ADDRESS CHANGE INFORMATION</u> : Please read. Important Information.
<input type="checkbox"/>	<input type="checkbox"/>	<u>NEW ADDRESS INFORMATION</u> : Please fill out information.
<input type="checkbox"/>	<input type="checkbox"/>	BRANCH MANAGER : Licensee must designate a person for each licensed location to oversee the operation of that office. Such person may oversee more than one location.

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RESPONSIBLE INDIVIDUAL (RI) CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

License # of Principal place of business in AZ: _____ (REQUIRED) AZ Entity Name: _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<p>RI CHANGE INFORMATION: TIME SENSITIVE. Note: A licensee shall submit via NMLS that its RI will cease to be in active management of the activities of the licensee within ten days of learning that fact. You have 90 days to replace your RI with a qualified person. THE NEW RI MUST MEET ALL REQUIREMENTS SET IN STATUTES OR RULES TO BE A QUALIFIED REPLACEMENT. License will expire if RI is not replaced within the 90 days. No Exceptions.</p> <p>A change in the responsible individual of a licensed office must be reported as an Amendment on the Form MU1 filing with a new Form MU2 submitted through the NMLS. Criminal background, credit check and fingerprint cards are required if fingerprints taken by AzDFI more than three years ago.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>STANDARD AMENDMENT FORM:</u> Fill out information below.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>RI CHANGE FORM:</u> Fill out information below.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>RI CHANGE FEE: Please send a check payable to AzDFI for \$250.00 to AzDFI.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>RESPONSIBLE INDIVIDUAL CONCURRENT EMPLOYMENT.</u> Please fill out form below if applicable</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>RETURN ORIGINAL LICENSE: If you do not have original license please also pay the duplicate license fee of \$100.00. Please send a check for the duplicate license fee payable to AzDFI.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>EMPLOYMENT VERIFICATION: Please provide employment verification letters.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>FINGERPRINT CARDS & FEE: Please provide two (2) fingerprint cards & Fingerprint processing fee of \$24.00. A separate check payable to AzDFI must be sent with amendment paperwork. To acquire fingerprint cards, please access order form at http://azdfi.gov/Licensing/RFP.htm. Please fill out form and fax to 602-381-1225.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>DRIVER'S LICENSE: Please provide a legible copy of the RI's Arizona driver's license.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>DISCLOSURE QUESTIONS. Provide complete details of all events or proceedings for any "Yes" answer to any of the Disclosure questions for company or any new control person or branch manager, if not already disclosed to the Department.</p>

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OFFICERS, DIRECTORS, OR MEMBERS CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	INFORMATION: A change in officers, directors, or members of a company must be reported as an Amendment on the Form MU1 filing with a new Form MU2 submitted through the NMLS. Criminal background, credit check and fingerprint cards are required.
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM:</u> Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	If applicable - amended articles of incorporation or organization adding new officer/directors/members.
<input type="checkbox"/>	<input type="checkbox"/>	If applicable - copy of termination letters of former officers.
<input type="checkbox"/>	<input type="checkbox"/>	FINGERPRINT CARDS & FEE: Please provide two (2) fingerprint cards & Fingerprint processing fee of \$24.00. A separate check payable to AzDFI must be sent with amendment paperwork. To acquire fingerprint cards, please access order form at http://azdfi.gov/Licensing/RFP.htm . Please fill out form and fax to 602-381-1225.
<input type="checkbox"/>	<input type="checkbox"/>	DRIVER'S LICENSE: Please provide a legible copy of the Arizona driver's license for each person.
<input type="checkbox"/>	<input type="checkbox"/>	DISCLOSURE QUESTIONS. Provide complete details of all events or proceedings for any "Yes" answer to any of the Disclosure questions.

WHO TO CONTACT – Contact Arizona Department of Financial Institutions licensing staff by e-mailing your questions to licensing@azdfi.gov for additional assistance.

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OWNERSHIP / CONTROL CHANGE CHECKLIST

NMLS Unique ID #: _____ (REQUIRED) Entity Legal Name: _____ (REQUIRED)

AZ License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	INFORMATION: A change in ownership / control of a company must be reported as an Amendment on the Form MU1 filing with a new Form MU2 submitted through the NMLS. Criminal background, credit check and fingerprint cards are required.
<input type="checkbox"/>	<input type="checkbox"/>	Note: A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the superintendent.
<input type="checkbox"/>	<input type="checkbox"/>	Letter of explanation, providing <u>complete</u> details (the structure of this change may require a new license).
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM:</u> Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, please provide a copy of signed purchase agreement.
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, please provide a copy of stock certificates & stock ledger.
<input type="checkbox"/>	<input type="checkbox"/>	Need copy of either the amended articles or new articles.
<input type="checkbox"/>	<input type="checkbox"/>	Need copy of an organizational chart showing new ownership.
<input type="checkbox"/>	<input type="checkbox"/>	Is company / licensee amending their current articles? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	Is company / licensee drawing up new articles? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	Is the company changing their name? If yes, See Name Change Checklist Above.
<input type="checkbox"/>	<input type="checkbox"/>	Are the top people of the company changing? If yes, See Officers, Directors Or Members Change Checklist Above.
<input type="checkbox"/>	<input type="checkbox"/>	Percentage change in ownership: Provide "Minutes or Corporate Resolution" substantiating this change
<input type="checkbox"/>	<input type="checkbox"/>	Audited Financials are required on companies acquiring the licensee.
<input type="checkbox"/>	<input type="checkbox"/>	IN ADDITION Each individual that owns 20% or more controlling interest must fill out the appropriate pages on the NMLS MU2 form, fill out Biographical Statement and Consent form, and complete the personal financial statement .
<input type="checkbox"/>	<input type="checkbox"/>	FINGERPRINT CARDS & FEE: Please provide two (2) fingerprint cards & Fingerprint processing fee of \$24.00. A separate check payable to AzDFI must be sent with amendment paperwork. To acquire fingerprint cards, please access order form at http://azdfi.gov/Licensing/RFP.htm . Please fill out form and fax to 602-381-1225.

<input type="checkbox"/>	<input type="checkbox"/>	DRIVER'S LICENSE: Please provide a legible copy of the Arizona driver's license for each person.
<input type="checkbox"/>	<input type="checkbox"/>	DISCLOSURE QUESTIONS. Provide complete details of all events or proceedings for any "Yes" answer to any of the Disclosure questions.

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ARIZONA

Department of Financial Institutions
 2910 N. 44th Street | Suite 310 | Phoenix, AZ 85018
 Ph: 602-771-28001 | Fx: 602-381-1225 | www.azdfi.gov

STANDARD AMENDMENT FORM

1. Licensed Location Information:			
NMLS Number of Main Office: -----		Arizona License Number: -----	
Exact Name of Licensee: -----			
Exact DBA / Trade name if applicable: -----			
Address on your license: -----		City: -----	State: --
		Zip Code: -----	
Telephone Number: (---) ----- ext.-----	Fax Number: (---) -----	Toll Free Number: (---) -----	
2. Individual to contact regarding the processing of this change:			
Name: -----		Title: -----	Email Address -----
Address: -----		City: -----	State: --
		Zip Code: -----	
Direct Telephone Number & Extension: (---) ----- ext.-----	Fax Number: (---) -----	Toll Free Number: (---) -----	



ARIZONA
Department of Financial Institutions
 2910 N. 44th Street | Suite 310 | Phoenix, AZ 85018
 Ph: 602-771-2800 | Fx: 602-381-1225 | www.azdfi.gov

BRANCH MANAGER CHANGE FORM

1. Branch Manager Information				
AZ Branch License Number: -----	Branch Manager Name: -----	Effective Date as Branch Manager: ----- / ----- / -----		
Branch Address on license: -----		City: -----	State: --	Zip Code: -----
Branch Telephone Number: (---) ----- ext.-----	Branch Fax Number: (---) -----	Branch Manager E-Mail Address: -----		
Current Home Address: -----		City: -----	State: --	Zip Code: -----
Home Telephone Number: (---) ----- ext.-----	Cell Phone Number: (---) -----	Branch Manager NMLS Number: -----		



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Address Change Information

Verification Required for all Licensed Locations

A.R.S. §§ 6-903(O) and 6-944(A) state, in pertinent part, that a mortgage broker license and a mortgage banker license are “**not transferable or assignable**” without the prior written consent of the superintendent.

Engaging in any of the activities listed below, commonly referred to as “net branching,” can result in the Department taking regulatory enforcement action up to and including license revocation and the imposition of a civil money penalty of not more than **five thousand dollars (\$5,000.00)** for each violation for each day. THIS IS NOT AN EXHAUSTIVE LIST.

- **DON'T** transfer or assign your mortgage broker or banker license to “branch managers” or “owners.”
- **DON'T** require branch managers to pay for branch start up costs, including, but not limited to, the cost of branch office licenses, bank account deposits, background checks, accounting fees, HUD license fees, security deposits, training, payroll fees, and loan software fees.
- **DON'T** require branch managers to sign agreements to pay monthly fees for using your license.
- **DON'T** fail to assume responsibility and liability for branch office leases that are rightfully your responsibility. You or your designated officers should sign rent and equipment leases, not branch managers.
- **DON'T** fail to assume the responsibility and liability for branch office equipment leases that are rightfully your responsibility. Branch managers should not sign these leases.
- **DON'T** fail to assume the responsibility and liability for utilities, office supplies and equipment, appraisals, alarm equipment, and any other bills incurred by branches. Bills, utilities, and invoices should be in licensee’s name.
- **DON'T** inform the Better Business Bureau that your branches are independent.
- **DON'T** fail to account for all branch income and expenses on tax returns and on financial statements.
- **DON'T** fail to maintain physical access to your branches at all times.
- **DON'T** fail to maintain control over the payment of your branch expenses.
- **DON'T** fail to maintain a uniform settlement service fee structure among all of your branch offices. Borrowers should be able to pay the same fees at any office. You should not allow branch managers to set their own fee structure.
- **DON'T** pay W-2 income to companies owned by branch managers in an attempt to evade taxes.

- **DON'T** fail to employ practices and procedures consistent with all HUD guidelines.
- **DON'T** fail to maintain control over branch bank accounts or allow branch managers to write payroll checks and reimburse themselves for expenses.

Verification Required for all Locations (continued)

For more information, please access www.hudclips.org and click on "Access HUD Letters and Notices from past years" to read, among other things, Mortgagee Letter 00-15, which addresses "Prohibited Branch Arrangements."

1. Licensed location that is changing their address:				
License Number for this location: -----	Date Address Changed or Will Change: ----- /----- /-----	This Licensed Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Current Address on license: -----	City: -----	State: --	Zip Code: -----	
Telephone Number: (---) ----- ext.-----	Fax Number: (---) -----	Toll Free Number: (---) -----		
2. The above licensed location will be relocated to:				
Designated Branch Manager (Overseer or Contact Person): -----		This New Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
New Address: -----	City: -----	State: --	Zip Code: -----	
Telephone Number: (---) ----- ext.-----	Fax Number: (---) -----	Toll Free Number: (---) -----		
3. Branch Manager Information				
NMLS License # if applicable: -----	Effective Date as Branch Manager: ----- /----- /-----	E-mail Address: -----		
Current Home Address: -----	City: -----	State: --	Zip Code: -----	
Telephone Number: (---) ----- ext.-----	Fax Number: (---) -----	Cell Phone Number: (---) -----		



ARIZONA
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1. RESPONSIBLE INDIVIDUAL

Responsible Individual (“RI”) Complete appropriate license type RI information below:

- It is the applicant’s responsibility to provide a qualified responsible individual (“RI”) for this position. The RI must:
- a. Be a resident of this state and shall be in active management of the activities of the licensee in this state during the entire period of designation as the RI on the license.
 - b. A W2 employee of the company (an employee **does not include** an independent contractor).
 - c. Provide original letters from current and past employers verifying job experience and period of time serving in this capacity. Verifications must be on that Company’s Letterhead. This verification must provide job description in terminology consistent with the equivalent and related experience outlined in the Arizona Revised Statutes and dates month/day/year of employment in that qualifying capacity. Do not send W2’s, resumes, personal references or education as proof of job experience.
 - d. Be a person of stability as indicated by their credit report and employment history.
 - e. List on a separate sheet of paper all the licensees he/she is currently an RI or employee/sub-contractor with. This list must be attached to the completed Concurrent Employment form.
 - f. Three (3) years verifiable work experience as a mortgage banker/lender or equivalent experience in a related business originating loans. See “c” above.
 - g. If about to be employed by a mortgage broker, please read AZ Statute A.R.S. 6-903 (C).

Position / Title with this company: -----	Years in the mortgage business: -----
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Responsible Individual Information:

Name, First, Last & MI: -----	Position/Title with this company: -----	Date Hired as a W2 employee: -----	Date AZ Driver’s License was issued: -----
Business Address: -----		City: -----	State: AZ
Direct Telephone Number & Extension: -----	Fax Number: -----	E-Mail Address: -----	
Is the RI a full time Arizona resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, a letter of explanation must be attached.		Recheck all RI fields above to make certain nothing was left blank. Remember to enclosed all RI documents required above with this application	

RESPONSIBLE INDIVIDUAL CONTINUES TO NEXT PAGE



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**RESPONSIBLE INDIVIDUAL
CONCURRENT EMPLOYER FORM**

This form must be completed and signed by an officer on file with AzDFI for each concurrent employer.

If you add an employer, you must also send and get signature for all current employers so they have a record of the new employer for their files.

The undersigned applicant/licensee acknowledges that the person listed below as proposed responsible individual is concurrently employed in that capacity by other licensees. See attached list of concurrent employers. This document serves as written approval of the proposed responsible individual's concurrent employment pursuant to A.R.S. Sections 6-909(H), 6-947(H) and 6-984(G), as applicable.

Proposed responsible individual must attach a list of all concurrent employers.

Signature of Proposed Responsible Individual

Date

Print Name of Proposed Responsible Individual

The following must be executed by an owner or officer the applicant/licensee.

Name of Entity or Company

Arizona Mortgage License Number

Signature of Applicant or Licensee

Date

Print Name of Applicant or Licensee

Title

(LIST CONCURRENT EMPLOYERS ON NEXT PAGE)



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LIST OF CONCURRENT EMPLOYERS
(COPY PAGE IF YOU HAVE MORE EMPLOYERS)

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

Individual NMLS ID # <hr style="width: 80%; margin: 5px auto;"/> Company NMLS ID # <hr style="width: 80%; margin: 5px auto;"/>	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
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This Form MUST be completed by the:	Responsible Individual
	Officers
	Owners (Each individual identified on Schedule A and B of the MU1 form)
OWNERS - Financial Responsibility	Must Also Attach the Personal Financial Statement Form

A. Family: Identify all family members including children and siblings.

Relationship	Father	Name:		
Address		City :	State: □□	Zip:
Relationship	Mother	Name:		
Address		City :	State: □□	Zip:
Relationship	Spouse	Name: First and Maiden Name		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:
Relationship		Name:		
Address		City :	State: □□	Zip:

Attach additional pages if necessary.

C. Attachments:

- 1. Attach a written detailed summary of your mortgage experience and period of time serving in this capacity.**

Individual NMLS ID # <hr style="width: 80%; margin: 5px auto;"/> Company NMLS ID # <hr style="width: 80%; margin: 5px auto;"/>	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement To Be Completed by any person who directly or indirectly controls more than 20% of the applicant.
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5. If you are married are any of the above assets your spouse’s separate property? Yes No (If yes, itemize)
-
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? Yes No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? Yes No (If yes, explain by separate letter)
8. Have you made a will? Yes No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - notes and mortgages owned			
Describe here or on separate sheet any important or unusual receivables.			
Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)
	\$		
	\$		
	\$		
	\$		
	\$		

Schedule 2 – real estate and buildings							
Please give details of encumbrances on Schedule 3 opposite proper parcel number.							
Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1		\$		\$		\$	\$
No. #2		\$		\$		\$	\$
No. #3		\$		\$		\$	\$
No. #4		\$		\$		\$	\$
No. #5		\$		\$		\$	\$

What is the basis for the above valuations? (State whether cost, fair market value today or other basis)

Are there any properties held on joint tenancy? Yes No Parcel numbers

Schedule 3 - real estate encumbrances						
Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5	\$				\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If any payments of principal or interest are delinquent please give details.

Are any taxes delinquent? Yes No
(If yes, give amount and details)

Are there any unrecorded deeds, liens or other claims not shown above?

Individual NMLS ID # _____ Company NMLS ID # _____	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement To Be Completed by any person who directly or indirectly controls more than 20% of the applicant.
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Schedule 4 - securities owned Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

In whose name are the above securities held? _____
 If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 – Insurance			
Public liability on autos		Property Damage on Autos	\$

Life Insurance				
Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (PROVIDE ALL INFORMATION BELOW)

My direct telephone number is: _____ My fax # is: _____

Date: _____ Title: _____

Print Name: _____ Signature: _____