



## Surrender Checklist

Jurisdiction-Specific Requirements



### ARIZONA MORTGAGE BANKER BRANCH SURRENDER CHECKLIST

#### INSTRUCTIONS

1. **YOU MUST PROVIDE YOUR COMPANY BRANCH NMLS UNIQUE ID #, ENTITY LICENSE NAME, AzDFI LICENSE NUMBER AND AzDFI LICENSE NAME.**
2. Surrender / Closure of the Arizona principal office requires the surrender / closure of all licenses / offices issued by the AzDFI. Arizona is a brick and mortar state.
3. You must also request the surrender of your license(s) thru NMLS.
4. 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.
5. 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. 44<sup>th</sup> Street Suite 310  
Phoenix, AZ 85018*

For Overnight Delivery:

*Arizona Department of Financial Institutions  
Licensing Department  
2910 N. 44<sup>th</sup> Street Suite 310  
Phoenix, AZ 85018*

# SURRENDER LICENSE / CLOSE OFFICE 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"/>	<p><b><u>STANDARD SURRENDER OF LICENSE FORM:</u></b> Fill out information below and return to the licensing department of AzDFI.</p> <p><b>NOTE:</b> <u>Until AzDFI approves the closure / surrender of your office / license, you are still considered licensed and under the jurisdiction of AzDFI.</u></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>RETURN ORIGINAL LICENSE:</b> Please return to the licensing department at AzDFI.</p> <p><b>NOTE:</b> If you do not have original license, please send in a check (outside NMLS) for \$100.00 for each original license that you do not possess.</p>

**WHO TO CONTACT** – Contact Arizona Department of Financial Institutions licensing staff by phone at 602-771-2800 or send your questions via e-mail to [licensing@azdfi.gov](mailto: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.



**ARIZONA**  
**Department of Financial Institutions**  
2910 N. 44<sup>th</sup> Street | Suite 310 | Phoenix, AZ 85018  
Ph: 602-771-2800 | Fx: 602-381-1225 | [www.azdfi.gov](http://www.azdfi.gov)

**STANDARD SURRENDER OF LICENSE FORM**

1. Licensed Location Information:			
NMLS Number of Office: -----	Arizona License Number: -----		
Exact Name of Licensee: □□□□□			
Exact DBA / Trade name if applicable: □□□□□			
Address of your branch: □□□□□	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: (□□□) □□□-□□□□	

**Records must be maintained for 2 years for BK (6-946.A) pursuant to Arizona statute. Below provide the information for where the Arizona records will be located.**

Address:	City:	State:	Zip Code:
Contact Person:	Telephone Number:	Fax Number:	Email Address: