



Amendments Checklist Jurisdiction-Specific Requirements



ARIZONA MORTGAGE BROKER 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 record 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 request surrender/termination on NMLS and your license would need to be sent back to AzDFI along with Surrender Checklist.
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. [Change of Status Checklist \(Inactive to Active only\)](#) – Click to go to checklist.
14. All fees need to be sent with appropriate checklist. AzDFI fees are NOT collected through the NMLS. ALL FEES ARE NOT REFUNDABLE.
15. 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.
16. 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 Branch 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 Main or Branch 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. Please send all fees payable to AzDFI with appropriate checklist to AzDFI.
<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 Main 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: AzDFI Change Name fee is \$250.00. Please send all fees payable to AzDFI with appropriate checklist to AzDFI.
<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 Main or Branch 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 : AzDFI Change Address fee is \$50.00. Please send all fees payable to AzDFI with appropriate checklist 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)

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

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 could be required if RI has not had a background check pulled in more than 3 years by AzDFI.</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><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>MORTGAGE BROKER COURSES & TEST: If applying as responsible individual for a mortgage broker's license, this person may have to take the mortgage broker's courses and pass a test. Please review Statutes A.R.S. 6-903(C). Please check out AzDFI's website for test schedule and registration form. http://azdfi.gov/Licensing/AppPack/MB_Test.htm</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 Main 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 Main 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"/>	Financials are required on companies acquiring the licensee. Audited financials are required for both the licensed lenders (mortgage banker and commercial mortgage banker) and our Company Financial Statement form (See below) for the mortgage broker 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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CHANGE OF STATUS CHECKLIST

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

AZ Main or Branch License #: _____ (REQUIRED) AZ Entity Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	A LICENSEE MAY NOT BE ON INACTIVE STATUS FOR MORE THAN TWO CONSECUTIVE YEARS, OR FOR MORE THAN FOUR YEARS IN ANY TEN YEAR PERIOD.
<input type="checkbox"/>	<input type="checkbox"/>	A LICENSEE CAN ONLY GO FROM INACTIVE TO ACTIVE IF THEY ARE NOT RENEWING. A LICENSEE CAN ONLY GO INACTIVE DURING RENEWAL PERIOD.
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANDARD AMENDMENT FORM</u> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	PROOF OF SURETY BOND OR CD : This must show the appropriate amount.
<input type="checkbox"/>	<input type="checkbox"/>	PROOF OF CERTIFICATE OF GOOD STANDING : This is from the Arizona Corporation Commission.
<input type="checkbox"/>	<input type="checkbox"/>	FEES : The AzDFI fee to activate a license is \$250.00. You must send a check to AzDFI.

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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

STANDARD AMENDMENT FORM

1. Main Licensed Location Information (found on principal license):

License Type: -----		Main Arizona License Number: -----		
Exact Name of Licensee: -----				
Exact DBA / Trade name if applicable: -----				
Address on your "Principal" 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
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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: -----		



ARIZONA
Department of Financial Institutions

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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: (---) -----		



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Department of Financial Institutions

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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 broker or equivalent experience in a related business during the five (5) years immediately proceeding the time of application. See “c” above.
- g. Have satisfactorily completed a course of study approved by the superintendent during the three years immediately preceding the time of application.
- h. Have passed a mortgage broker's test, not more than one year before the granting of the license.

Date course of study completed: Attach copy of certificate.

Date broker test was taken and passed: Attach copy of letter.

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: -----
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Business Address: -----	City: -----	State: AZ	Zip Code: -----
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Direct Telephone Number & Extension: -----	Fax Number: -----	E-Mail Address: -----
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Is the RI a full time Arizona resident?

Yes No 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



Department of Corrections Institutions

2910 N. 44th Street, Phoenix, AZ 85018
 Ph: 602-771-2800 | Fx: 602-381-1225 | www.azdfi.gov

**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)



Department **AZDFI** Institutions

2910 N. 44th Street | Suite 310 | Phoenix, AZ 85018
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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: _____

Company Financial Statement

Company Name:	
If applicable DBA name:	License #: MB:
Financial Conditions At Close Of Business On:	

Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.

ASSETS	LIABILITIES
Cash on Hand and in Bank \$ _____	Accounts Payable - Not Due \$ _____
Accounts Rec. Customers - Current \$ _____	Accounts Payable - Past Due \$ _____
Accounts Rec. Customers - Past Due \$ _____	Notes Payable \$ _____
Total Accounts Receivable \$ _____	Notes Payable Other Banks \$ _____
Less: Reserve Doubtful Accts. \$ _____ \$	Notes or Trade Acceptances Payable for Mdse. \$ _____
Notes Receivable - Customers \$ _____	Other Notes Payable \$ _____
Less: Reserve Doubtful Notes \$ _____ \$	Portion of Equipment Contracts and Chattel
Trade Acceptances Receivable \$ _____	Mortgages Due Within One Year \$ _____
Merchandise - Finished \$ _____	Due Officers and Stockholders (Sched 2) \$ _____
Merchandise - In Process \$ _____	Due Controlled or Affiliated Concerns (Sched 6) \$ _____
Merchandise - Raw Materials \$ _____	Reserve for Income Taxes \$ _____
Readily Marketable Securities (Sched 3) \$ _____	Other Taxes Payable \$ _____
	Accrued Liabilities \$ _____
Net Cash Surrender Value of Life Insurance (Sched 1) \$ _____	Portion of Long Term Debt Due within One Year \$ _____
TOTAL CURRENT ASSETS \$ _____	TOTAL CURRENT LIABILITIES \$ _____
Real Estate and Bldgs. (Sched 4) \$ _____	Real Estate Encumbrances (Sched 5) \$ _____
Less: Reserve for Depreciation \$ _____ \$	
Machinery - Equipment - Fixtures \$ _____	Non-Current Portion of Equipment Contracts
Less: Reserve for Depreciation \$ _____ \$	and Chattel Mortgages \$ _____
Automobiles and Trucks \$ _____	Other Non-Current Debt (describe): \$ _____
Less: Reserve for Depreciation \$ _____ \$	
	TOTAL LIABILITIES \$ _____
Investments in Controlled or Affiliated Co. (Sched 6) \$ _____	
Other Securities Owned (Sched 3) \$ _____	Other Reserves (describe): \$ _____
Due from Controlled or Affiliated Co. (Sched 6) \$ _____	
Due from Officers and Stockholders (Sched 2) \$ _____	
Other Non-Current Receivables \$ _____	NET WORTH:
	Preferred Stock \$ _____
Deferred and Prepaid Items \$ _____	Common Stock \$ _____
	Capital Surplus \$ _____
	Earned Surplus \$ _____
	TOTAL NET WORTH \$ _____
TOTAL \$ _____	TOTAL \$ _____

Company Financial Statement Continued

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold \$
 As Guarantor or Endorser for \$
 For Merchandise Consigned by Suppliers \$
 Otherwise (describe) \$
 Are any book accounts sold or assigned? Yes No Amount \$
 To whom?
 With Recourse? Yes No

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes No

Are any assets pledged or any debts secured except as indicated? Yes No If so, please itemize by debt and security.

COMMITMENTS:

Approximate Purchase Commitments \$
 Approximate Unfilled Orders on Hand \$
 Describe any other unusual commitments

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Yes No
 Explain

OPERATING RECORD FROM (DATE) TO (DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$
 Cost of Goods Sold \$
 Gross Profit \$
 Selling Expense \$
 Administrative Expense \$
 General Expense \$
 Total Operating Expense \$
 Operating Profit \$
 Other Income \$
 Total Income \$
 Other Deductions \$
 Federal & State Income Tax \$
 Total Deductions \$
 Net Profit \$
 Total Depreciation and Amortization included in above statement \$
 Deductions for Bad Accounts included in above statement \$
 Salaries to Executive Officers included in above statement \$

Reconciliation of Surplus:
 Surplus at beginning of period \$
 Net Profit \$
 *Surplus Credits \$
 Total \$
 Dividends Paid \$
 *Surplus Debits \$
 Surplus as of this statement date \$

*If Surplus Adjustments involve important transactions please give details below:

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	\$	Feb	\$	Mar	\$
April	\$	May	\$	June	\$
July	\$	Aug	\$	Sept	\$
Oct	\$	Nov	\$	Dec	\$

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

RENTAL: Does company rent? Yes No
 Present monthly rental paid \$
 Date of expiration of lease

Company Financial Statement Continued

CORPORATE INFORMATION: Under laws of what state are you incorporated or organized?
 Are you authorized to do business in Arizona? Yes No
 Have all other legal requirements been met? Yes No
 No. of authorized common shares Outstanding Par value \$ \$

SCHEDULE 1 - OFFICERS, DIRECTORS, PRINCIPAL STOCKHOLDERS AND MEMBERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

SCHEDULE 2 – SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly Div.
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

SCHEDULE 3 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 4 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1		\$		\$	\$	\$	\$
No. 2		\$		\$	\$	\$	\$
No. 3		\$		\$	\$	\$	\$
No. 4		\$		\$	\$	\$	\$
No. 5		\$		\$	\$	\$	\$

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? _ If so, please give amount and details _____

SCHEDULE 4 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above	\$					
#2 above	\$					
#3 above	\$					
#4 above	\$					
#5 above	\$					

*If any payments of principal or interest are delinquent, please give details foreclosure been instituted? Details

SCHEDULE 5 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Inter-company Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.
				\$		
				\$		
				\$		

SCHEDULE 6 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement.

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

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

Print Name: _____ Title: _____ Date: _____

Signature: _____

Individual NMLS ID # _____ Company NMLS ID #	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:	City :	State: □□
Address				Zip:
Relationship	Mother	Name:	City :	State: □□
Address				Zip:
Relationship	Spouse	Name: First and Maiden Name	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:
Relationship		Name:	City :	State: □□
Address				Zip:

Attach additional pages if necessary.

C. Attachments:

Individual 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.
Company NMLS ID # _____	

Do not use for business statement. Legibly print or type all information.

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A."

Schedules, details and descriptions must be completed in space provided and by attachments if necessary.

Describe any unusual assets or liabilities.

Name: _____		Financial Condition As Of: _____		
Address: _____		City: _____	State: _____	Zip: _____
Occupation: _____	Customer at what financial institution: _____			

TOTAL ASSETS MUST EQUAL TOTAL LIABILITIES AND NET WORTH.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank	\$	Notes Payable to Bank	\$
Cash in other Banks (detail)	\$	Notes payable to Other Banks (detail)	\$
Ordinary Accounts receivable - Good	\$	Ordinary Accounts Payable	\$
Due from Friends and Relatives (describe)	\$	Due to Friends & Relatives (describe)	\$
Notes Receivable - Good (Sched 1)	\$	Notes Payable to Others (describe)	\$
Mortgages Owned (Sched 1)	\$	Automobile Loans or Leases	\$
Readily Marketable Securities (Sched 4)	\$		
Other Securities (Sched 4)	\$	Due to Brokers	\$
Cash Surrender Value of Life Insurance (Sched 5)	\$	Loans on Life Insurance (Sched 5)	\$
Real Estate & Buildings (Sched 2)	\$	Mortgages or Liens on Real Estate (Sched 3)	\$
Automobiles	\$	Installment Loans	\$
Personal Property	\$	Income Taxes Payable	\$
Other Assets (describe)	\$	Other Taxes Payable	\$
		Other Liabilities (describe)	\$
		Credit Cards	\$
		TOTAL LIABILITIES	\$
		NET WORTH (Assets Minus Liabilities)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES and Net Worth	\$

Approximate annual income and expense
(Exclusive of ordinary living expenses)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From	\$	Insurance Premiums	\$
Income from Securities	\$	Rent or Mortgage Payments	\$
Real Estate Rental	\$	Income Taxes (for year _____)	\$
Net Income form Business or Profession	\$	Other Taxes	\$
Other (Alimony, child support or separate maint.)	\$	Other (Include alimony, child support or	\$
		separate maintenance payments if you are	\$
		obligated to make them.	\$
TOTAL INCOME	\$	TOTAL	\$

- Are the above evaluations on receivable conservative? Yes No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? Yes No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? Yes No (If yes, explain)

4. Do you do business with any other bank? Yes No (If yes, nature of business)

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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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. Owing 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	\$
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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: _____