



## Amendments Checklist Jurisdiction-Specific Requirements



### ARIZONA MORTGAGE BROKER BRANCH 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. **Any** Change of Address, Change of Name, Change in Responsible Individual, or Branch Manager must also be reported on the applicable Form MU1 and Form MU2.
5. [Branch Manager Change Checklist](#) – Click to go to checklist.
6. [Duplicate License Request Checklist](#) – Click to go to checklist.
7. [Name Change Checklist](#) – Click to go to checklist.
8. [Address Change Checklist](#) – Click to go to checklist.
9. All AzDFI fees must be sent to AzDFI and Payable to AzDFI and are not refundable.
10. 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.
11. 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

# 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"/>	<a href="#"><u>STANDARD AMENDMENT FORM</u></a> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	<a href="#"><u>BRANCH MANAGER CHANGE FORM</u></a> : Fill out information below.

**WHO TO CONTACT** – Contact Arizona Department of Financial Institutions licensing staff by e-mailing your questions 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.

# DUPLICATE LICENSE 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"/>	<b><u>STANDARD AMENDMENT FORM</u></b> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DUPLICATE LICENSE FEE</b> : Please send a check payable to AzDFI for \$100.00 and send to AzDFI with appropriate checklist.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DUPLICATE BEING REQUESTED</b> : License Number _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>REQUIRED DOCUMENTS AND FEES</b> . 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 Branch License #: \_\_\_\_\_ (REQUIRED) AZ Entity Name: \_\_\_\_\_ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
		<b>NOTE:</b> 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"/>	<b><u>STANDARD AMENDMENT FORM:</u></b> Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>NAME CHANGE FEE:</b> AzDFI Change Name fee is \$250.00. Please send check payable to AzDFI along with checklist to AzDFI
<input type="checkbox"/>	<input type="checkbox"/>	<b>EXACT NEW NAME:</b> _____  <b>DATE OF NEW NAME CHANGE:</b> _____(MM/DD/YYYY)  <b>EXACT NEW DBA NAME IF APPLICABLE:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETURN ORIGINAL LICENSE:</b> 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"/>	<b>BOND:</b> Please send original bond rider with new name.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CORPORATION:</b> If you are a Corporation; we need a copy of the approved amended articles of incorporation.
<input type="checkbox"/>	<input type="checkbox"/>	<b>FOREIGN CORPORATION:</b> If company is a foreign corporation; we need a copy of the approved Arizona foreign authorization.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DBA:</b> 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 Branch License #: \_\_\_\_\_ (REQUIRED) AZ Entity Name: \_\_\_\_\_ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>STANDARD AMENDMENT FORM</u></b> : Fill out information below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>ADDRESS CHANGE FEE</b> : AzDFI Change Address fee is \$50.00. Please send check payable to AzDFI along with checklist to AzDFI.
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETURN ORIGINAL LICENSE</b> : 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"/>	<b>COMMERCIAL LOCATION</b> : 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"/>	<b><u>ADDRESS CHANGE INFORMATION</u></b> : Please read. Important Information.
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>NEW ADDRESS INFORMATION</u></b> : Please fill out information.
<input type="checkbox"/>	<input type="checkbox"/>	<b>BRANCH MANAGER</b> : 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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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 AMENDMENT FORM**

1. Main Licensed Location Information:			
NMLS Number of Main Office: -----		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: (---) -----	



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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: -----		



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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](http://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.”

<b>1. Licensed location that is changing their address:</b>				
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: --
Telephone Number: (---) ----- ext.-----			Fax Number: (---) -----	Toll Free Number: (---) -----
<b>2. The above licensed location will be relocated to:</b>				
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: --
Telephone Number: (---) ----- ext.-----			Fax Number: (---) -----	Toll Free Number: (---) -----
<b>3. Branch Manager Information</b>				
NMLS License # if applicable: -----		Effective Date as Branch Manager: ----- /----- /-----		E-mail Address: -----
Current Home Address: -----			City: -----	State: --
Telephone Number: (---) ----- ext.-----			Fax Number: (---) -----	Cell Phone Number: (---) -----