



Amendments
Jurisdiction-Specific Requirements



IOWA MORTGAGE BANKER LICENSE

Instructions

1. The following amendment require instructions or items sent outside the NMLS:

2. Amendment fees are:
 - Change of Address – No fee
 - Change of Name – \$25 fee
 - Change of Control – \$100
 - Change of Other Business Name - \$25 fee

3. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
4. 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/Overnight Delivery

*Iowa Division of Banking
200 East Grand Avenue
Suite 300
Des Moines, IA 50309-1827*

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	Item
<input type="checkbox"/>	<input type="checkbox"/>	SURETY BOND RIDER. Submit the Surety Bond Rider that reflects the change of name or change of address, as applicable.
<input type="checkbox"/>	<input type="checkbox"/>	ORIGINAL LICENSE (NAME CHANGE ONLY). Return the original license issued by the Division of Banking.
<input type="checkbox"/>	<input type="checkbox"/>	NAME CHANGE DOCUMENTATION-SECRETARY OF STATE DOCUMENTATION. A certified copy of: <ol style="list-style-type: none"> a. The amended Corporate Charter or amended Articles of Incorporation (if a corporation), or b. The amended Articles of Organization and Operating Agreement (if a Limited Liability Company) or c. The amended Partnership Agreement (if a partnership of any form) and

<input type="checkbox"/>	<input type="checkbox"/>	The amended Certificate of Authority or a Certificate of Good Standing issued from the Iowa Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN OWNERSHIP or CHANGE IN CONTROL - Provide a letter of explanation of the change including proposed new ownership or the proposed change in control.
<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 for the company or any Control Person.
<input type="checkbox"/>	<input type="checkbox"/>	FINGERPRINT CARDS. For each control person, provide two fingerprint cards. Iowa will accept fingerprints only on specific cards. These fingerprint cards may be obtained by providing the name, mailing address, and number of cards requested via e-mail to fblicensing@idob.state.ia.us .

WHO TO CONTACT – Contact the Iowa Division of Banking Finance Bureau Licensing staff by phone at 515-281-4014 or send your questions via e-mail to fblicensing@idob.state.ia.us for additional assistance.