



## Amendments/Transfers Jurisdiction-Specific Requirements



### INDIANA-SOS PRINCIPAL MANAGER LICENSE

NMLS Unique ID Number: \_\_\_\_\_

Applicant Legal Name: \_\_\_\_\_

#### Instructions

- The following amendments may require instructions or items sent outside the NMLS:
  - Change of Name (NMLS and Checklist Items)
  - Change of Disclosure Question Answer (NMLS and Checklist Items)
  - Change of Address (NMLS Only)
  - Transfer (NMLS Only)

#### (Check all of the above that apply)

- Any Change of Address or change of name must also be reported on the applicable Form MU4 and/or Form MU2.
- When changing employers, the following applies;
  - You must **update** the employment section of Form MU4.
  - Within the NMLS confirm that the email address listed in the following locations is your **current** email address;
    - Home Tab>My Account>Update User Profile
    - Filing Tab>Individual>Identifying Information
  - You must **terminate** the "Relationship" with your former employer in NMLS if the company has not already done so.
  - Your license status will be updated to **approved-inactive** until we receive a "Sponsorship" request from a licensed loan broker.
  - You do **NOT** have the authority to originate under the approved-inactive license status.
  - You must provide your new employer access to your NMLS record
  - Your new employer is required to submit a "Sponsorship" request to the Indiana Securities Division.
  - Once the new "Sponsorship" request is accepted, your license status may be updated to **approved** at which time you would be authorized to conduct business.

[Quick Guides](#) are located on the NMLS Resource Center to help you and your employer through each of the actions required above.

- Transfers are completed through the termination of the sponsorship with the old employer and the creation of a new sponsorship with the new employer through the NMLS. In addition the employment history will need to be amended to reflect the new employer.
- Jurisdiction-specific requirements should be completed first as identified on the checklist below as they 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 or Overnight Delivery:*  
 Indiana Secretary of State  
 Securities Division  
 302 W. Washington St.  
 Room E-111  
 Indianapolis, IN 46204

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE OF NAME.</b> Provide supporting documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for any "Yes" answer to any of the Disclosure Questions.

**WHO TO CONTACT** – Contact *Indiana Secretary of State, Securities Division* licensing staff by phone at 317-232-6681 or send your questions via e-mail to [nljones@sos.in.gov](mailto:nljones@sos.in.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.