



Amendments
Jurisdiction-Specific Requirements



KENTUCKY MORTGAGE BROKER LICENSE (BRANCH)

Instructions

- The following amendments require instructions or items sent outside the NMLS:
- Amendment are:
 - Change of Address
 - Change of Name
 - Change of Branch Manager

(Check all of the above that apply)
- Any Change of Address, Change of Name or change in Manager must also be reported on the applicable Form MU3 and Form MU2.
- 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/ Overnight Delivery
Office of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, KY 40601

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	ORIGINAL LICENSE. (For change of address or change of name only) - Return the original license as issued by the Kentucky Department of Financial Institutions.
<input type="checkbox"/>	<input type="checkbox"/>	SECRETARY OF STATE DOCUMENTATION. (For change of name only) - A certified copy of: <ul style="list-style-type: none"> • The Corporate Charter or Articles of Incorporation (if a corporation), or • The Articles of Organization and Operating Agreement (if a Limited Liability Company), or • The Partnership Agreement (if a partnership of any form); and
<input type="checkbox"/>	<input type="checkbox"/>	A Certificate of Authority or a Certificate of Good Standing dated not more than 60 days prior to the filing of an application through NMLS; and

		If the applicant was organized or formed outside of Kentucky, submit certified proof of authorization to do business in this state from the Kentucky Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	FORM MU2 FOR ANY CHANGE IN MANAGER. A change in any person designated as a manager of a licensed office must be reported as an Amendment on the Form MU3 filing with a new Form MU2 submitted through the NMLS.
<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 any new Manager.

WHO TO CONTACT – Contact Department of Financial Institutions licensing staff by phone at (800) 223-2579 ext. 255 or send your questions via e-mail to Fitzgerald.Pam@ky.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.