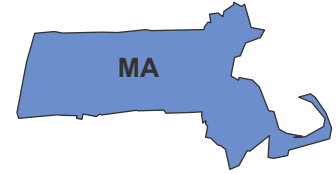




**New Application**  
Jurisdiction-Specific Requirements



**MASSACHUSETTS MORTGAGE BROKER LICENSE (BRANCH)**

**Instructions**

1. You must designate a manager of a branch office and that person is required to submit a Form MU2.
2. Mortgage brokers in Massachusetts are prohibited from using more than one trade name or fictitious names or d/b/a, and the name must be used consistently across all licensed locations. As such, please be advised that applicants may not list more than one name for Massachusetts in the 'Other Trade Names' section of Form MU3, and the name must match what is listed for Massachusetts in the 'Other Business Names' section of Form MU1.
3. **Branch Managers are required to authorize a credit report through NMLS.** Branch Managers will be required to complete an Identity Verification Process (IDV) along with an individual attestation before the license request for the branch can be filed through NMLS.
4. Total license cost: \$70.00 which includes the NMLS processing fee.
5. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
6. 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:

*Massachusetts Division of Banks  
Attn: Mortgage Lender/Mortgage Broker Licensing Unit  
1000 Washington Street  
10th floor  
Boston, MA 02118-2218*

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

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

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<b>AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE.</b> Provide an executed original copy of the <a href="#">CORI REQUEST FORM</a> below for the “Branch Manager”, and a copy of the individual’s government issued photographic form of identification.
<input type="checkbox"/>	<input type="checkbox"/>	Provide a detailed explanation of any adverse reporting and third party evidence of resolution or settlement, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for any “Yes” answer in the ‘Disclosure Questions’ section of the Form MU2 for the “Branch Manager”.
<input type="checkbox"/>	<input type="checkbox"/>	<b>EVIDENCE OF EXPERIENCE.</b> Provide third party evidence (W-2 or 1099 forms) that the branch manager has three years of full-time experience, or the equivalent in part-time experience, working for a licensed mortgage broker, mortgage lender, or financial institution exempt from licensing under G.L. c. 255E. See <a href="#">Regulatory Bulletin 5.1-102 Experience Requirements for Mortgage Lender and Mortgage Broker Licensing</a> .

**WHO TO CONTACT** – Contact Division of Banks licensing staff by phone at 617-956-1500 ext. 351 or send your questions via e-mail to [nmls@state.ma.us](mailto:nmls@state.ma.us) for additional assistance.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN THE COMMONWEALTH OF MASSACHUSETTS UNTIL YOU HAVE OBTAINED LICENSURE IN MASSACHUSETTS

**Commonwealth of Massachusetts**  
**DIVISION OF BANKS**  
1000 Washington Street, 10th floor, Boston, MA 02118

**IMPORTANT NOTICE PERTAINING TO NEW CORI REGULATIONS**

Attached is the new CORI request form which must be utilized as of May 16, 2008. The new form contains additional fields of information which the applicant must complete. **Additionally, the applicant's identity must be verified with a government issued photographic form of identification and the applicant's signature appearing on the CORI request form must be authenticated by a notary. Please be sure to submit a copy of a government issued photographic form of identification with the CORI request form.** CORI request forms submitted without this information, or which have not been notarized, will not be processed.



Commonwealth of Massachusetts

DIVISION OF BANKS

1000 Washington Street, 10th floor, Boston, MA 02118

OTHER

GDIVOB

CORI REQUEST FORM

The Division of Banks has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information for the purpose of screening:

- officers of, and applicants for, bank and credit union charters;
applicants for licenses to engage in the business of a mortgage lender or broker, small loan company, foreign transmittal agency, check casher, debt collector, and installment finance company (including motor vehicle and insurance premium finance agencies); and
applicants for a license to engage in the activity of a mortgage loan originator for which the Division also has been certified to access non-conviction criminal data.

As an above-described bank officer or license applicant, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE SIGNATURE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

On this \_\_\_ day of \_\_\_, 20\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY # (Requested, but not required)

ID Theft Index PIN\* (if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: \_\_\_ HEIGHT: \_\_\_ ft. \_\_\_ in. WEIGHT: \_\_\_ EYE COLOR: \_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_ (include State of issue)

(DIVISION USE ONLY):

REQUESTED BY: SIGNATURE OF CORI-AUTHORIZED DIVISION EMPLOYEE

\* The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.