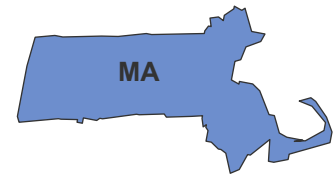




New Application Jurisdiction-Specific Requirements



MASSACHUSETTS MORTGAGE BROKER LICENSE

Instructions

1. Each branch location desiring to conduct business under this license authority must be separately authorized and will require a filing of Form MU3 through the NMLS.
2. An on-site manager is required to be appointed for all locations where mortgage brokers conduct business with Massachusetts consumers, including the company's main/corporate location. This individual, referred to as the Branch Manager in Massachusetts, must be listed as the "Qualifying Individual" on Form MU1, and his/her business address must match the address listed as the "Main Address" on Form MU1.
3. Natural persons who indirectly own 25% or greater of the applicant meet the definition of "Control Persons" and require an MU2 Form to be filed in the NMLS. In addition to disclosing these persons in the 'Indirect Owners' section of Form MU1, list these persons as "Control Persons" in the 'Direct Owners and Executive Officers' section of Form MU1 with the title of "*Indirect Owner*".
4. Resident/Registered Agents are not required for mortgage brokers who maintain a licensed office location in Massachusetts. If the applicant is applying to license an office in Massachusetts, the "Qualifying Individual" may be disclosed in the 'Resident/Registered Agent' section of Form MU1.
5. Mortgage brokers in Massachusetts are prohibited from using more than one trade name or fictitious name 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 Business Names' section of Form MU1.
6. **Financial Statements must be submitted through the Filing Tab in NMLS prior to the submission of your Form MU1 filing.** For additional help, see the [Financial Statement Information Page](#) on the NMLS website.

Submit financial statements dated within 90 days of the date of application and for the prior two fiscal years. The applicant's most recent fiscal years' financials must be AUDITED or REVIEWED by an independent Certified Public Accountant (CPA) in accordance with Generally Accepted Accounting Principles, and either in accordance with Generally Accepted Auditing Standards (GAAS), or with the Statement on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants (AICPA). Financial statements should include a Balance Sheet, Income Statement and Statement of Cash Flows and all relevant notes thereto. Interim financial statements not prepared by a CPA must be signed by the applicant under the pains and penalties of perjury. If applicant is a start-up company, only an initial audited or reviewed Balance Sheet is required. APPLICANTS MUST DEMONSTRATE A NET WORTH OF NOT LESS THAN \$25,000.

7. **Individuals in a position of control are required to authorize a credit report through NMLS.** Individuals will be required to complete an Identity Verification Process (IDV) along with an individual attestation before the license request for your company can be filed through NMLS.

8. Total license cost: \$1,000 which includes the NMLS processing fee and the one time Investigation fee of \$300.
9. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
10. 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"/>	Submit current and two years' financial statements for the parent corporation(s), partnership(s), trust(s), or Limited Liability Company(s) of the applicant which are disclosed as "Control Persons" in the NMLS. If unaudited, statements must be completed in accordance with GAAP, signed under the pains and penalties of perjury by an officer of the entity, and dated not more than 90 days prior to the date of application. FINANCIAL STATEMENTS ARE NOT REQUIRED FOR PARENT COMPANIES THAT ARE CURRENTLY LICENSED IN MASSACHUSETTS.
<input type="checkbox"/>	<input type="checkbox"/>	SURETY BOND. Provide an original surety bond in the amount of \$75,000 which is required to be filed with the Treasurer and Receiver-General of the Commonwealth of Massachusetts, using the MASSACHUSETTS MORTGAGE BROKER BOND FORM found below. <i>Please note, all bonds must have an annual premium date of 12/31 through 12/31 of the next year. Applicants must provide additional information from the surety bond company for proof that the bond is paid through 12/31 of the next calendar year. Applicants who are also applying for Mortgage Lender license must also obtain a Mortgage Lender Bond.</i>
<input type="checkbox"/>	<input type="checkbox"/>	SECRETARY OF STATE DOCUMENTATION. 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);
<input type="checkbox"/>	<input type="checkbox"/>	If the applicant was organized or formed outside of Massachusetts, submit certified proof of authorization to do business in Massachusetts from the Massachusetts Secretary of the Commonwealth.
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE. For each "Control Person" and the "Qualifying Individual", provide an executed original copy of the CORI REQUEST FORM found below.
<input type="checkbox"/>	<input type="checkbox"/>	Provide 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"/>	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” or the “Qualifying Individual” on Forms MU1 and MU2.
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL FINANCIAL STATEMENTS. For each “Control Person”, submit current and two prior years’ personal financial statements, completed in accordance with Generally Accepted Accounting Principles (GAAP), signed under the pains and penalties of perjury, and dated not more than 90 days prior to the filing of the application through NMLS. Individuals may use the FINANCIAL STATEMENT FORM found below, or similar format, including a Statement of Condition (and "as of" date) with supporting schedules and an Income Statement. CONTROL PERSONS OF PUBLICLY TRADED COMPANIES ARE NOT REQUIRED TO PROVIDE PERSONAL FINANCIAL STATEMENTS.
<input type="checkbox"/>	<input type="checkbox"/>	REFERENCES. Provide three letters of professional reference for the company. At least one letter must be from a state or federally chartered depository institution and reference the standing of a depository account. All letters must be on letterhead, signed, and dated not more than 180 prior to filing an application through the NMLS. LETTERS OF REFERENCE ARE NOT REQUIRED IF THE APPLICANT IS A PUBLICLY TRADED COMPANY.
<input type="checkbox"/>	<input type="checkbox"/>	RECORD RETENTION. If the applicant wishes to maintain records outside Massachusetts or to maintain records in forms other than hard copy, submit a completed RECORD KEEPING PLAN found below.
<input type="checkbox"/>		BUSINESS PLAN. Attach a business plan which addresses whether the applicant intends to hold, broker, or sell loans and to whom. Briefly describe all financial products and services available to customers through the applicant, and the credit market(s) it intends to address (i.e., A, B, C, D).
<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS IN OTHER JURISDICTIONS. Complete the CERTIFICATION BY LICENSING AGENCY/SUPERVISORY BOARD FORM , found below, for jurisdiction(s) where the applicant is licensed/registered, which is required to be disclosed in the ‘Jurisdiction Participation’ section of Form MU1. FORMS ARE NOT REQUIRED FOR APPLICANTS WHO ARE LICENSED/REGISTERED IN JURISDICTION(S) THAT ARE ON THE NMLS.

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 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

MORTGAGE BROKER BOND

Bond Number: _____

WHEREAS, the Division of Banks' ("Division") regulation 209 CMR 42.06(2)(a)(2) requires a licensed mortgage broker ("Principal") to furnish a surety bond in the amount of Seventy-Five Thousand Dollars (\$75,000) and to file the same with the Treasurer and Receiver General of the Commonwealth of Massachusetts for the use of the Commissioner of Banks ("Commissioner").

NOW THEREFORE KNOW ALL PERSONS BY THESE PRESENTS

That _____ of _____ (insert full physical address), a corporation duly organized under the laws of the State of _____, as Principal, and _____

_____ as Surety, a corporation incorporated under the laws of the State of _____ and licensed to transact business in the Commonwealth of Massachusetts, are held and firmly bound unto the Treasurer and Receiver General of the Commonwealth of Massachusetts, or his successor, to which payment well and truly to be made for use of the Commissioner under the provisions of General Laws Chapter 255E, and the Division's regulation 209 CMR 42.00 *et seq.*, Principal and Surety hereby jointly and severally bind themselves, their heirs, executors, administrators, successors, and assigns firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS THAT, in the event of insolvency, liquidation or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, this bond shall continue to be held by the Treasurer for a period of twelve months from the date of such insolvency, liquidation, or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, unless otherwise directed by the order or judgment of a court of competent jurisdiction, and may be used exclusively by the Commissioner for the benefit of consumers or borrowers for the reimbursement of consumer fees or other charges determined by the Commissioner to be improperly charged or collected, and to satisfy any past due Division costs, assessments, penalties, or other obligations which have been charged to the Principal. In the event of the insolvency, liquidation, or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, any claim payments due from the Surety under the terms of this bond shall be paid to the Treasurer and Receiver General of the Commonwealth of Massachusetts for disposition in accordance with the applicable provisions of the Massachusetts General Laws Chapter 255E, and the Division's regulation 209 CMR 42.00 *et seq.* Nothing contained herein shall prevent the Treasurer from continuing to retain possession of this bond, or its proceeds, in the event of ongoing litigation involving the Principal.

If the Principal, its officers, employees, and agents faithfully perform any and all written agreements or commitments with consumers or borrowers; correctly and accurately account for all funds received from a consumer or borrower in the conduct of the licensed business; and operate the licensed business in accordance with Massachusetts General Laws chapter 255E, and the statutes, regulations, rules, and regulatory bulletins applicable to the conduct of the licensed business in Massachusetts, then this obligation shall be void, otherwise to remain in full force and effect to address any violations of such obligation(s).

This bond shall become effective upon execution by the Surety and shall be continuous in nature and continue in force and effect as to future acts or omissions of the Principal unless it is terminated or cancelled:

- (1) By order of the Commissioner; or
- (2) By the Surety delivering not less than thirty (30) days written notice to the Principal, the Treasurer and Receiver General of the Commonwealth of Massachusetts and the Commissioner that the same will be cancelled. The filing of such notice shall not discharge the Surety from any liability already accrued under this bond or which shall accrue herein before the expiration of such thirty (30) day or applicable period.

Such cancellation or termination shall not affect any liability incurred or accrued hereunder prior to the termination of the thirty (30) day period of notice if terminated by the Surety, provided, however, that regardless of the number of years this bond remains in force, or the number of times the bond is renewed, the aggregate liability of the Surety shall, in no event, exceed the full sum of this bond.

IN WITNESS WHEREOF we have hereunto set our hands and seals:

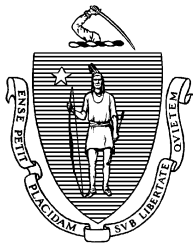
BY: _____ BY: _____

Principal Date Surety Company Date

Then personally appeared the above-named Principal on the day of , 20____, and acknowledged the foregoing instrument as his free act and deed.

Before me,

SEAL Notary Public



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

01

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.**

FINANCIAL STATEMENT
(optional form)

I, _____
Name Business Address

submit herewith the following information and a correct and complete statement of my financial condition
as of _____

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown" so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

ASSETS

LIABILITIES

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Cash on hand and in banks \$ _____</p> <p>2. Notes, loans, and other accounts receivable considered good and collectible _____</p> <p>3. Merchandise and inventory at lower of cost or market value _____</p> <p>4. Real Estate (Schedule A) _____</p> <p>5. Machinery and equipment - at cost less depreciation _____</p> <p>6. Marketable Securities (Schedule B) _____</p> <p>7. Life insurance (face amount \$ _____) Cash surrender value _____</p> <p>8. Other Assets (Schedule C) _____</p> <p>9. TOTAL ASSETS _____</p> | <p>10. Accounts Payable \$ _____</p> <p>11. Notes Payable to Banks (Schedule D) _____</p> <p>12. Notes Payable to others (Schedule E) _____</p> <p>13. Real estate mortgages (Schedule F) _____</p> <p>14. Interest and taxes due and unpaid (Schedule G) _____</p> <p>15. Other debts and liabilities (Schedule H) _____</p> <p>16. TOTAL LIABILITIES _____</p> <p>17. NET WORTH (#9 minus #16) _____</p> <p>18. TOTAL LIABILITIES AND NET WORTH (#16 + #17) _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE: Notes, accounts receivable, mortgages, and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ _____.

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Obligee	Description of Collateral	Value of Collateral	Date Obligation		Current Amount
				Incurred	Due	
TOTAL						\$

(Signature) / _____ (Print/Type) / _____ (Date)

STATEMENT OF INCOME

INCOME ITEM	3 Years Prior 20	2 Years Prior 20	Prior Year 20	Current Year - YTD / /20
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on pages two and three must agree in total with the corresponding item contained in the Financial Statement on page one of this report.

Schedule A - Real Estate Owned

Description and Location	Title is Held in the Name of	Date Acquired	Percentage of your Ownership	Purchase Price	Current Value and Method of Determination
				\$	\$
CARRIED FORWARD TO ITEM 4, PAGE 1				TOTAL	\$

Schedule B - Marketable Securities

Description	Amount	Description	Amount
	\$		\$
CARRIED FORWARD TO ITEM 6, PAGE 1		TOTAL	
			\$

Schedule C - Other Assets

Description and Basis for Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE 1 TOTAL	\$

Schedule D - Notes Payable to Banks

Name of Bank	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 11, PAGE 1 TOTAL			\$

Schedule E - Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 12, PAGE 1 TOTAL			\$

Schedule F - Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 13, PAGE 1 TOTAL			\$

Schedule G - Interest and Taxes Due and Unpaid

Description	Payable to	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 14, PAGE 1 TOTAL			\$

Schedule H - Other Debt and Liabilities

Description	Date Due	Amount
		\$
CARRIED FORWARD TO ITEM 15, PAGE 1 TOTAL		\$

CERTIFICATION BY LICENSING AGENCY/SUPERVISORY BOARD

APPLICANT SECTION

Copy this form as needed. Complete this section of form. Forward this form to the agency/board of each state where you are currently licensed or certified.

A. Company Name (as it is to appear on license in MA)	B. Company's Address in Massachusetts (Include Street, City, County, Zip Code)
C. Actual Name of Company	D. Company's Main Address (Include Street, City, State and Zip Code)
E. FEIN number or, if sole proprietorship, social security number:	F. Telephone Number In Massachusetts (Include area code)
G. Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	H. Name of Manager in Massachusetts
	I. Name of CEO or Owner
J. Information specific to each state where applicant is currently licensed	
1. Company Name in that state	2. Assumed Name under which company did or is doing business in that state, if any
3. Address in that state, if applicable	4. Issue and Expiration Date of License, Certificate of Registration or Permit to do Business
5. Type and number of License / Registration held in that state:	6. License type being sought in Massachusetts
I hereby authorize _____ to furnish the Massachusetts Division of Banks the <div style="text-align: center; font-size: small;">(Name of State)</div> information requested on the reverse side. Date _____ Signature _____	

LICENSING AGENCY, PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

LICENSING / SUPERVISORY AGENCY SECTION

LICENSING AGENCY: PLEASE RETURN COMPLETED FORM TO ADDRESS AT BOTTOM OF PAGE.
 Record N/A in areas not applicable. The Massachusetts Division of Banks ("Division") will accept other forms of certification provided all applicable information requested on this form is contained in the Certification.

A. Is the information in section J on the reverse side accurate? YES NO
 If no, please print accurate information here:

B. Current status of license/registration
 Active Lapsed
 Inactive Other

C. What kind of records, if any, must the company maintain in your state?

D. Disciplinary Questions

1. Have there been any complaints filed against the aforementioned company in the past five (5) years? If yes, please summarize and describe resolution. Use additional pages if necessary.

NO _____ YES _____ # _____ #OUTSTANDING _____

Summary/description

Have there ever been any formal sanctions imposed against the aforementioned company as a matter of public record indicating but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, or restriction? If yes, attach a copy of disciplinary action.

NO _____ YES _____

The Division would appreciate any additional confidential comments which are not a matter of public record.

I certify that the above information contained herein or attached is true and correct according to the official records of this State.

 Print Name

 Title

 Signature

SEAL

 Agency/Board Address

 Date

 City, State, Zip

 Telephone Number

cclappl\CertForm

RETURN TO :

**CONSUMER COMPLIANCE UNIT
 DIVISION OF BANKS
 1000 WASHINGTON STREET, 10th FLOOR
 BOSTON, MASSACHUSETTS 02118**

**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS**

RECORD KEEPING PLAN

The applicant/licensee requests approval to keep records outside Massachusetts and/or keep such records in photographic, electronic, or other forms of reproduction as authorized under Massachusetts General Laws chapter 93 § 24F, chapter 140, § 97; chapter 255B, § 3, chapter 255C, § 6; chapter 255D, §3; chapter 255E, § 8; and their implementing regulation 209 CMR 48.00. **It is understood that, without the prior written approval of this Plan by the Commissioner of Banks, hardcopies of records must be maintained within Massachusetts and available for examination at an office in Massachusetts.**

Name of Applicant/Licensee _____ Lic # _____

Main Office Address _____

City/Town _____ State _____ Zip _____

Contact Person for questions on this Plan _____

Telephone (____) _____

Location(s) where you intend to keep records (if different from above)

Address _____

City/Town _____ State _____ Zip _____

PART - A - LOCATION OF EXAMINATION
(Please complete section 1 for a Massachusetts exam or section 2 for exam outside Massachusetts)

1. The applicant/licensee requests approval to maintain books, accounts, and records outside Massachusetts, but will send same to Massachusetts for examination purposes. Licensee agrees to pay all costs of delivery and return of records and will provide office space for the examination.

Would you prefer to have the examination done at an office of the Division of Banks? Yes _____ No _____
(If Yes, Part A is complete. Proceed to Part B, if applicable, and then sign the Certification.)

Name of Business at Location _____

Contact Person at Location _____

Address _____

City/Town _____ State MA Zip _____

Office Hours _____

Describe space available for examination _____

Are the building and facilities handicap accessible? Yes _____ No _____

Will any office(s) be maintained in Massachusetts? Yes _____ No _____

PART - A - LOCATION OF EXAMINATION (continued)

2. The applicant/licensee requests approval to maintain books, accounts, and records outside Massachusetts and additionally requests that the examination be conducted at the location(s) where the records will be kept. **NOT APPLICABLE FOR NEW APPLICANTS/LICENSEES**

Office hours _____

Describe space available for conducting examination _____

Are the building and facilities handicap accessible? Yes _____ No _____

An out-of-state examination will be conducted for the convenience of the licensee. The Division expects reimbursement for the additional expenses for examiners' air/train/bus fares, hotel accommodations, motor vehicle rentals, private motor vehicle mileage, as well as a per diem compensation for any compensatory time required to be awarded an examiner under a collective bargaining agreement. Does the applicant/licensee agree to reimburse the Division for expenses in excess of what an examination in Massachusetts would cost?

Yes _____ No _____

Will any office(s) be maintained in Massachusetts? Yes _____ No _____

PART B - RECORDS TO BE MAINTAINED IN OTHER THAN HARDCOPY

The applicant/licensee requests approval to record, copy or reproduce books, accounts, and records in photographic, electronic, or other forms other than hardcopy, pursuant to 209 CMR 48.05, and will provide equipment necessary to access records for the purpose of examination.

Describe how books, accounts, and records will be maintained _____

Describe how books, accounts, and records will be made accessible to the Division for the purpose of an examination.

CERTIFICATION

I, _____, a duly authorized officer of
(name and title)

(applicant/licensee)

agree to maintain the books, records, and accounts of the applicant/licensee in compliance with this Record Keeping Plan, which is submitted to the Massachusetts Division of Banks pursuant to regulation 209 CMR 48.00.

(signature)

(date)