



Amendments
Jurisdiction-Specific Requirements



RHODE ISLAND LENDER LICENSE

Instructions

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

2. Amendment fees are:
 - Change of Address - \$250 per license or branch certificate
 - Change of Name - \$150 per license (including Trade Name)
\$50 per branch certificate
 - Change of Ownership – No Fee
 - Change of Control Person – No Fee

(Check all of the above that apply)

3. All fees are collected through the NMLS and ARE NOT REFUNDABLE.

4. Any Change of Address, Change of Name or change in Control Person or Manager (Control person for Rhode Island) must also be reported on the applicable Form MU1 and Form MU2.

5. 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

*State of Rhode Island
 Department of Business Regulation
 Division of Banking
 1511 Pontiac Avenue, Bldg. 68-2
 Cranston, Rhode Island 02920*

NMLS Unique ID Number: _____

Applicant Legal Name: _____

Rhode Island License Number: _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	SURETY BOND RIDER. (For change of address or change of name only) - Submit the Surety Bond Rider that reflects the change of address or change of name, whichever is applicable.

<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 Department of Business Regulation.
<input type="checkbox"/>	<input type="checkbox"/>	FINANCIAL STATEMENT(S). (For all amendments) Provide Financial Statements signed by an executive officer prepared in accordance with Generally Accepted Accounting Principles dated within <u>(60) days</u> of the date of the application showing assets, liabilities and net worth. Financial statements should include a Statement of Financial Condition (Balance Sheet) and a year-to-date Statement of Income and Expenses (Income Statement).
<input type="checkbox"/>	<input type="checkbox"/>	SECRETARY OF STATE/MUNICIPALITY DOCUMENTATION. (For all amendments) - <ul style="list-style-type: none"> a. If a corporation, provide a Certificate of Good Standing dated not more than sixty (60) days from the filing of this application issued by the Rhode Island Secretary of State. b. If a limited liability company, provide a copy of a Certificate of Good Standing or a Certificate of Registration dated not more than sixty (60) days from the filing of this application issued by the Rhode Island Secretary of State. c. If a limited partnerships provide a Certificate of Good Standing for the Limited Partnership from the Rhode Island Secretary of State. d. If a general partnerships provide a Certificate of Good Standing for the General Partnership from the City or Town in which the partnership is registered.
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN OWNERSHIP LEGAL DOCUMENTS - Provide certified copies of all legal documents executed and associated with the change in ownership, including any applicable purchase and sales agreements, merger agreements, or consent to change in ownership agreements.
<input type="checkbox"/>	<input type="checkbox"/>	FINANCIAL STATEMENT OF PROPOSED CONTROL PERSON OR MANAGER. Provide a Personal Financial Statement (go to www.dbr.ri.gov for approved format) prepared in accordance with Generally Accepted Accounting Principles dated within 90 days of the date of application.
<input type="checkbox"/>	<input type="checkbox"/>	IDENTIFICATION. (for change of control person or manager only) Provide a copy of a valid Photo ID for all control persons.
<input type="checkbox"/>	<input type="checkbox"/>	FORM MU2 FOR ANY CHANGE IN CONTROL PERSON OR MANAGER. A change in any Control person or a change in any person designated as a manager of a licensed office must be reported as an Amendment on the Form MU1 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 company or any new Control Person or any new Manager.
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE. Provide an executed original copy of the release form attached to this checklist for each new Control person or each new person designated as a manager of a licensed office or a branch office.

<input type="checkbox"/>	<input type="checkbox"/>	<p>FD258 FINGERPRINT CARDS.</p> <p>For each new control person and each new person designated as a manager of a licensed office or a branch office provide two Form FD258 fingerprint cards issued by the Federal Bureau of Investigations (FBI) Along with the cards, provide a check in the amount of \$35.00 made out to BCI, for the fingerprint-processing fee. (contact your local FBI office, local Attorney General Office, or local Police Office for fingerprint cards). Improperly taken fingerprints will require resubmission of new cards at additional costs to the applicant/licensee.</p> <p>Persons residing in the State of Rhode Island must go directly to the Rhode Island Department of Attorney General for fingerprinting (in this case submission of the fingerprint cards to the Division is not required) along with a check or money order payable to BCI in the amount of \$35 for the fingerprint-processing fee.</p>
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WHO TO CONTACT – Contact Division of Banking licensing staff by phone at 401-462-9503 or send your questions via e-mail to bankinquiry@dbr.state.ri.us for additional assistance.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN THE STATE OF RHODE ISLAND UNTIL YOU HAVE RECEIVED APPROVAL THROUGH THE NMLS.AND HAVE RECEIVED A LICENSE CERTIFICATE FROM THE RHODE ISLAND DEPARTMENT OF BUSINESS REGULATION.



**State of Rhode Island
Department of Business Regulation**



*Division of Banking
1511 Pontiac Avenue, Bldg. 69-2, Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9559*

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Company Name _____

Address _____

City, State, Zip Code _____

I, _____
(Type or Print Full Name and Title)

Maiden Name or Former Name _____

Of _____
(Type or Print Residence Address, City, State, Zip Code)

having a date of birth of _____ and social security number of _____ hereby voluntarily direct and authorize the *Division of Banking* of the Department of Business Regulation to utilize the above information as part of its evaluation of my general character and financial condition. The information may be used for purposes of obtaining a credit report on me and/or may be shared with the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General, the Department of Business Regulation, the employees of the Attorney General's Office and the employees and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

Upon submission of an application for licensure or a change in a licensee's officers, directors, manager or principal owner as defined in R. I. Gen. Laws § 19-14-1(10), each such officer, director, manager or principal owner must provide a signed response to the questions (Additional copies of this form may be reproduced as needed.)

Attach copy of a Photo ID (i.e. Valid Drivers License or ID Card. **Attached:**

The undersigned certifies that the above responses are true and accurate to the best of my knowledge and belief.

Full Name (Type or Print) _____ Title _____

Signature _____ Date _____

Notary Public _____

My Commission Expires _____, 20_____ Notary Seal

Form MU Authorization for Background Check and Release 10/19/2007