



## New Application Jurisdiction-Specific Requirements



# RHODE ISLAND LOAN BROKER BRANCH CERTIFICATE

### Instructions

1. You must designate a manager of a branch office and that person is required to submit a Form MU2.
2. Total License costs: \$845 including NMLS processing fee.
3. All fees are collected through the NMLS and ARE NOT REFUNDABLE
4. You must complete a form MU3 for each branch being requested.
5. Jurisdiction-specific requirements should be completed first and 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"/>	<b>SURETY BOND.</b> Provide an original bond rider that increases the bond coverage by \$5,000 for each branch furnished by a surety company authorized to conduct business in Rhode Island. The name of the principal insured on the bond must match exactly the Full Legal Name of applicant.
<input type="checkbox"/>	<input type="checkbox"/>	<b>AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE.</b> The Branch Manager must provide an executed original copy of the release form attached to this checklist.
<input type="checkbox"/>	<input type="checkbox"/>	<b>FD258 FINGERPRINT CARDS.</b> For each new person designated as a manager of a branch office provide two Form <b>FD258</b> fingerprint cards issued by the Federal Bureau of Investigations (FBI) Along with the cards, provide a check in the amount of <b>\$35.00</b> made out to <b>BCI</b> , for the fingerprint-processing fee. (contact your local FBI office, local

		<p>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 <b>must go directly to the Rhode Island Department of Attorney General</b> 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 <b>BCI</b> in the amount of <b>\$35</b> for the fingerprint processing fee.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>DISCLOSURE QUESTIONS.</b> Provide complete details of all events or proceedings for any "Yes" answer by the proposed branch manager to any of the Form MU2 Disclosure questions.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>IDENTIFICATION.</b> Provide a copy of a valid ID for the Branch Manager.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FINANCIAL STATEMENT.</b> Provide a financial statement signed by an executive officer prepared in accordance with Generally Accepted Accounting Principles dated within <u>(60) days</u> of the date of application showing assets, liabilities and net worth.</p> <p>Financial statements should include a Statement of Financial Condition (Balance Sheet) and a year-to-date Statement of Income and Expenses (Income Statement).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FINANCIAL STATEMENT OF PROPOSED BRANCH MANAGER.</b> Provide a Personal Financial Statement (go to <a href="http://www.dbr.ri.gov">www.dbr.ri.gov</a> for approved format) dated within 90 days of the date of application for each new Manager of a branch office.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>SECRETARY OF STATE/MUNICIPALITY DOCUMENTATION.</b></p> <ol style="list-style-type: none"> <li>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 <b>Rhode Island Secretary of State.</b></li> <li>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 <b>Rhode Island Secretary of State.</b></li> <li>c. If a limited partnership, provide a Certificate of Good Standing for the Limited Partnership from the <b>Rhode Island Secretary of State.</b></li> <li>d. If a general partnership, provide a Certificate of Good Standing for the General Partnership from the <b>City or Town</b> in which the partnership is registered.</li> </ol>

**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](mailto: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, Bdlg. 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