



Amendment Jurisdiction-Specific Requirements



RHODE ISLAND MORTGAGE LOAN ORIGINATOR LICENSE

Instructions

1. The following amendments require instructions or items sent outside the NMLS. No fees are payable to the Rhode Island Division of Banking for these amendments.
2. Change of Address
 Change of Name
 Termination or Change of Employment Relationship

(Check all of the above that apply)

3. NMLS processing fees are collected through the NMLS and ARE NOT REFUNDABLE.
4. Any Amendment must also be reported on the applicable Form MU4.
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

*Jeffrey L. Asermely
Assistant Supervisor of Examinations
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"/>	AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE (For change of name only). Provide an executed original copy of the release form attached to this checklist using the changed name.
<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 on the form MU4.
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL FINANCIAL STATEMENT. Provide a Personal Financial Statement (go to www.dbr.ri.gov for approved format) dated within 90 days of the date of application.
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN NAME LEGAL DOCUMENTS (For change of name only - Provide certified copies of all legal documents executed and associated with the change in name.
<input type="checkbox"/>	<input type="checkbox"/>	FD258 FINGERPRINT CARDS (For change of name only). Provide two Form FD258 fingerprint cards issued by the Federal Bureau of Investigation (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. Persons residing in the State of Rhode Island must go directly to the Rhode Island Department of Attorney General for fingerprinting along with a check or money order payable to BCI in the amount of \$35 for the fingerprint-processing fee.
<input type="checkbox"/>	<input type="checkbox"/>	TERMINATION OF RELATIONSHIP. Provide a signed narrative explanation of the reason for the termination or change of the relationship.

WHO TO CONTACT – Contact Division of Banking licensing staff by phone at 401-462-9503 or send your questions e-mail to bankinquiry@dbr.state.ri.us for additional assistance. Always include your NMLS Unique ID Number when corresponding with the Division of Banking.

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. 68-2
Cranston, Rhode Island 02920
Telephone: (401) 462-9503, Facsimile: (401) 462-9532*

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE

Mortgage Loan Originator 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 _____ Notary Seal

My Commission Expires _____, 20_____