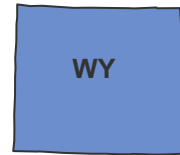




**Amendments**  
Jurisdiction-Specific Requirements



**WYOMING MORTGAGE BROKER LICENSE**

**Instructions**

1. Provide notice to the Wyoming Division of Banking prior to any amendment request including changing the location of a license or changing the name of the entity.
2. Total license costs: \$50 which includes the NMLS processing fee, for all amendments requiring a new license to be issued.
3. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
4. Written change of control notices are to be sent to the Wyoming Division of Banking (DOB) within fifteen (15) business days after learning of the proposed change of control. You will receive written notification of the need to apply for a new license from the DOB.
5. 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:

*For U.S. Postal Service or Overnight Delivery:*

*Wyoming Division of Banking  
Herschler Building, 3 East  
122 West 25<sup>th</sup> Street  
Cheyenne, WY 82002*

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

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

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<b>Change of entity name:</b> A Certificate of Authority or a Certificate of Good Standing dated not more than 60 days prior to the filing of an application through NMLS; and
<input type="checkbox"/>	<input type="checkbox"/>	<b>Change of entity name:</b> If the applicant was organized or formed outside of Wyoming, submit proof of authorization to do business in this state from the Wyoming Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Change or additional of dba or fictitious name:</b> <b>OTHER TRADE NAMES.</b> If applicant will be operating under a name other than its legal name, such as a “dba” or “fictitious” name, provide a copy of the Certificate of Authority from the Wyoming Secretary of State.

<input type="checkbox"/>	<input type="checkbox"/>	<b>Change of entity name:</b> <b>SURETY BOND RIDER:</b> Submit the surety bond rider that reflects the change of legal name. Legal name on the rider must match exactly to the legal name change documents, amended Form MU1 and the amended filing with the Wyoming Secretary of State.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DISCLOSURE QUESTIONS.</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE IN OWNERSHIP:</b> Provide a detailed written description of the change in ownership and a revised organization structure chart.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE IN CONTROL PERSON OR QUALIFYING INDIVIDUAL:</b> Provide an executed original of the Authority for Background Check and Release form which is attached below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CREDIT REPORT:</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE IN SURETY BOND PROVIDER:</b> Provide an original, fully executed surety bond with any original attachments from the new provider with no lapse in surety coverage.
<input type="checkbox"/>	<input type="checkbox"/>	<b>ORIGINAL LICENSE:</b> Return original license issued by the Wyoming Division of Banking for any amendment that affects the face of the license (name, dba, address).

**WHO TO CONTACT** – Contact Wyoming Division of Banking licensing staff by phone at (307) 777-6483 or send your questions via e-mail to [michelle.hickman@wyo.gov](mailto:michelle.hickman@wyo.gov) for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.

**AUTHORITY FOR RELEASE OF INFORMATION  
State and Federal Record Check**

I, the undersigned, hereby authorize the Wyoming Attorney General, Division of Criminal Investigation to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check pursuant to the provisions of Wyoming Statute 40-23-103(a)(viii), in connection with my application for license under the provisions of Chapter 23 of Title 40 (the Wyoming Residential Mortgage Practices Act) from the Office of the State Banking Commissioner.

Further, I understand that the Wyoming Division of Criminal Investigation, and its officials and employees, shall not be held legally accountable in any way for providing this information to the Office of the State Banking Commissioner, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Office of the State Banking Commissioner cannot provide a **hard copy** of the results of this criminal history record check to me.

**Print legibly or type**

Last Name	First Name	Middle Name	Maiden Name

Social Security Number	Date of Birth	Sex	Race

Applicant's Signature	Date

This request form shall be maintained on file with the Office of the Wyoming State Banking Commissioner and shall be furnished to the Wyoming Division of Criminal Investigation upon request therefore received within 12 months from the date of filing of Applicant's Initial or Renewal Application with the Office of the State Banking Commissioner.

***Please attach a Money Order in the amount of \$39 payable to the Office of the Attorney General***

<b>DCI Fingerprint Card Check</b>	<b>-- \$15.00</b>
<b>FBI Fingerprint Card Check</b>	<b>-- \$24.00</b>
<b>Total</b>	<b>-- \$39.00 (Non-refundable)</b>