



New Applications Jurisdiction-Specific Requirements



WYOMING MORTGAGE BROKER LICENSE

Instructions

1. Each location desiring to engage in brokering activities in Wyoming under this license authority must be separately authorized and must file Form MU1 for the main address and Form MU3 for each additional location through the NMLS.
2. The Registered Agent information entered on Form MU1 must be the same person recorded with the Wyoming Secretary of State.
3. Each licensee is required to have a Qualifying Individual who is in charge and responsible for company actions. This individual should be identified on the company's Form MU1 filing in the Qualifying Individual section, and have a Form MU2 submitted along with the Form MU1.
4. **Financial Statements should 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.

Provide your most recent financial statement prepared in accordance with Generally Accepted Accounting Principles. Financial statements should include, at a minimum, your Balance Sheet.

5. Total license costs: \$500 which includes the NMLS processing fee.
6. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
7. 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 25th Street
Cheyenne, WY 82002*

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	SURETY BOND. Provide an original Surety Bond for Mortgage Lenders and Brokers in the amount of \$25,000 furnished by a surety company authorized to conduct business in Wyoming. The name of the principal insured on the bond must match

		exactly the Full Legal Name of applicant. The surety bond form and a surety bond checklist are provided below.
<input type="checkbox"/>	<input type="checkbox"/>	SECRETARY OF STATE DOCUMENTATION. A copy of the company's: <ul style="list-style-type: none"> • Corporate Charter or Articles of Incorporation (if a corporation), or • Articles of Organization and Operating Agreement (if a Limited Liability Company), or • Partnership Agreement (if a partnership of any form)
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	OTHER TRADE NAMES. 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"/>	CERTIFICATE OF RESOLUTION. Provide copy of corporate resolution or complete Certificate of Resolution form authorizing individual(s) to sign application documents on behalf of company.
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE. For each Control Person, provide an executed original copy of the release form attached below.
<input type="checkbox"/>	<input type="checkbox"/>	FINGERPRINT CARDS. For each control person provide; <ul style="list-style-type: none"> • Two fingerprint cards issued by the Federal Bureau of Investigations (FBI) and the State of Wyoming available upon request from the Wyoming Division of Banking. • A \$39 money order made payable to the Office of the Attorney General
<input type="checkbox"/>	<input type="checkbox"/>	CREDIT REPORT. 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"/>	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.

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 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

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

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), D/B/A name(s), or assumed name(s), if applicable.

This is to certify that at a meeting of the Board of Directors/or Members/ or Partners of

_____ Full legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____ Street address _____ City _____ State _____ Zip Code

on the _____ day of _____ 20____, the following resolution was
duly and legally presented and adopted, to wit:

It being the desire and purpose of _____ Full legal name of applicant/company
to be licensed or registered, BE IT RESOLVED, that _____

_____ Name of authorized representative
who is the _____ of this limited liability company, corporation,
_____ Title of authorized representative

limited partnership, or general partnership is, in his/her official capacity, hereby authorized
and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written
application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign
and execute all documents pertaining to the application and to perform every act whatsoever as required to
file the application on behalf of _____ Full legal name of applicant/company.

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____



STATE OF WYOMING

DEPARTMENT OF AUDIT

DIVISION OF BANKING

Wyoming Residential Mortgage Practices Act

Matthew H. Mead
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

BOND # _____

SURETY BOND FOR MORTGAGE LENDERS AND BROKERS

KNOW ALL MEN BY THESE PRESENTS, that we, _____
as Principal organized and existing under the laws of the State of _____
and _____, a corporation duly incorporated under
the laws of the State of _____, and authorized to do business in the State of Wyoming, as Surety, are
held and firmly bound unto the State of Wyoming in the principal amount of \$ _____
for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators,
jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully perform its obligations with respect to transactions governed under the Wyoming Residential Mortgage Practices Act (W.S. 40-23-101 through 40-23-133), and any rules promulgated pursuant thereto, then the surety shall indemnify and pay to the State of Wyoming or a claimant or authorized representative of a claimant all costs and damages by reason of principals failure to so perform. This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made thereunder, either individually, or in the aggregate, shall in no event exceed the principal amount of the bond.

FURTHER PROVIDED, this bond shall remain effective continuously until released, in writing, by the Commissioner of Banking. The Surety may request to terminate or reduce its liability hereunder only by giving the Principal and the Commissioner written notice of such termination via certified mail at least thirty (30) days prior to the effective date of such termination; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

This bond shall be and remain in full force and effect on and after the _____ day of _____, 20____ and continuing until cancelled by the Surety or released by the Commissioner in accordance with the provisions of this bond.

Executed by **Principal** on this _____ day of _____, 20____.

Executed by **Surety** on this _____ day of _____, 20____.

Name of Entity (leave blank if individual)

Name of Entity

By: _____
Authorized Signatory to sign for entity/individual

By: _____
Authorized Signatory

Printed/Typed Name (and Title, if applicable) of Signatory

Printed/Typed Name and either "Attorney-in-Fact" or Title of Signatory

By: _____
Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

Place Surety Seal Here

Acknowledgements on reverse side must also be completed

Acknowledgments

For Principal:

State of _____)
County of _____) ss.

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____
.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____
.

Witness my hand and official seal.

Witness my hand and official seal.

Notary Public

Notary Public

My commission expires: _____

My commission expires: _____

(NOTARIAL SEAL)

(NOTARIAL SEAL)

For Surety:

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by _____
this _____ day of _____, 20____
.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

**ATTORNEY GENERAL'S OFFICE:
APPROVAL AS TO FORM**
