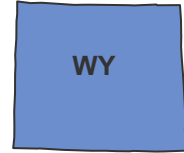




New Applications  
Jurisdiction-Specific Requirements



**WYOMING MORTGAGE LENDER/BROKER LICENSE (BRANCH)**

**Instructions**

1. Each branch location desiring to conduct business under this license authority must be separately authorized and will require a filing of Form MU3 through the NMLS.
2. Any person designated as a manager of a licensed office or a branch office must be identified on a company's Form MU1 filing and have a Form MU2 submitted along with the Form MU1.
3. Total license costs: \$50 per additional branch location which includes the NMLS processing fee.
4. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
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>SURETY BOND.</b> Provide a rider to an existing Wyoming bond acknowledging the new branch location furnished by a surety company authorized to conduct business in Wyoming. |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE.</b> For each Branch Manager, provide an executed original copy of the release form attached below.                          |

|                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p><b>FINGERPRINT CARDS.</b> For each Branch Manager, provide;</p> <ul style="list-style-type: none"> <li>• Two fingerprint cards – one issued by the Federal Bureau of Investigations (FBI) (blue) and one fingerprint card issued by the State of Wyoming (orange) available upon request from the Wyoming Division of Banking.</li> <li>• A \$39 money order made payable to the Office of the Attorney General.</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p><b>CREDIT REPORT.</b> Branch Managers are required to authorize a credit report through NMLS. Branch Managers will be required to complete an Identity Verification Process (IDV) along with an individual attestation before the license request for the branch can be filed through NMLS.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p><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 Branch Manager.</p>   |

**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 FACILITE 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> |