



# New Applications Jurisdiction-Specific Requirements



## WYOMING MORTGAGE LENDER/BROKER LICENSE

### Instructions

1. Each location desiring to engage in lending 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 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>FINANCIAL STATEMENT.</b> Provide your most recent financial statement prepared in accordance with Generally Accepted Accounting Principles. Financial statements should include, at a minimum, your Balance Sheet.

<input type="checkbox"/>	<input type="checkbox"/>	<b>SURETY BOND.</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>SECRETARY OF STATE DOCUMENTATION.</b> A copy of the company's: <ul style="list-style-type: none"> <li>• Corporate Charter or Articles of Incorporation (if a corporation), or</li> <li>• Articles of Organization and Operating Agreement (if a Limited Liability Company), or</li> <li>• Partnership Agreement (if a partnership of any form); and RI</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	A Certificate of Authority or a Certificate of Good Standing issued by the state of incorporation 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 (307-777-7311).
<input type="checkbox"/>	<input type="checkbox"/>	<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>CERTIFICATE OF RESOLUTION.</b> 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"/>	<b>AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE.</b> For each Control Person, provide an executed original copy of the release form attached below.
<input type="checkbox"/>	<input type="checkbox"/>	<b>FINGERPRINT CARDS.</b> For each control person, provide; <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"/>	<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>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.

**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***

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

## 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 \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

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 \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

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**

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