NMLS COMPANY FORM

The NMLS Company Form is the universal licensing form used by companies and sole proprietors to apply for and maintain any non-depository, financial services license authority with a state agency participating on NMLS. Not all sections of the NMLS Company Form may apply to all companies. In accordance with state law, applicants may be required to have certain persons (e.g. Owners, Branch Managers, etc.) complete an NMLS Individual Form to be submitted along with the NMLS Company Form.

*** ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH NMLS – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY ***

1. Business Activities

Step 1: Select **all** business activities conducted by your company from the list below, regardless of whether you plan to manage a license with the activity through NMLS. A list of business activities and their definitions can be found in Appendix 2 of the *NMLS Policy Guidebook.*

Step 2: Select States

Select the state(s) where you currently conduct or wish to conduct the business activities identified on the previous screen and click **Next**. If you conduct most, but not all activities in a given state you can select the state on this page. You will have the opportunity to de-select the state from specific activities in the next step.

Click **Previous** to return to the business activities screen to adjust your selections or **Cancel** to delete your previous selections and return to the Business Activities page.

select all | deselect all

☐ Alabama	☐ Illinois	☐ Nebraska	☐ South Carolina
☐ Alaska	☐ Indiana	☐ Nevada	☐ South Dakota
☐ Arizona	☐ Iowa	☐ New Hampshire	☐ Tennessee
☐ Arkansas	☐ Kansas	☐ New Jersey	☐ Texas
☐ California	☐ Kentucky	☐ New Mexico	☐ US Virgin Islands
☐ Colorado	☐ Louisiana	☐ New York	☐ Utah
☐ Connecticut	☐ Maine	☐ North Carolina	☐ Vermont
☐ Delaware	☐ Maryland	☐ North Dakota	☐ Virginia
☐ District of Columbia	☐ Massachusetts	☐ Ohio	☐ Washington
☐ Florida	☐ Michigan	☐ Oklahoma	☐ West Virginia
☐ Georgia	☐ Minnesota	☐ Oregon	☐ Wisconsin
☐ Guam	☐ Mississippi	☐ Pennsylvania	☐ Wyoming
☐ Hawaii	☐ Missouri	☐ Puerto Rico	
☐ Idaho	☐ Montana	☐ Rhode Island	

Step 3: Associate States to Activities

NMLS has associated your recently added business activities and states below. If you do not conduct all business activities listed in all of the selected states, you may de-select states from the corresponding business activities on this page. Once the business activities and associated states below reflect the additions you want to make to your filing, click **Next**.

Click **Previous** to return to the state screen if you selected a state in error or **Cancel** to discard your previous selections and return to the Business Activities page.

Business Activity	Industry	State(s)

2. Identifying Information

Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:

(A) Entity name
(sole proprietors provide last, first, and full middle name)

(B) IRS Employer Identification Number
(Social Security Number is allowed for sole proprietorship)

(C) Do you want to amend your legal name? ☐ Yes

New Entity Name: _____
(sole proprietor user "Last, First, Middle")

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(D) Main address (Do not use a P.O. Box):

Number & Street	City	State	Country/Province	Postal Code

(E) Business phone, fax and email address:

Business Phone	Toll Free Number (For consumers)	Fax Line	Email Address
( ) - ext	( ) - ext	( ) -	

(F) Mailing address: ☐ Same as above

PO Box or Number & Street	City	State	Country/Province	Postal Code

(G) Other than the office in 2D, does the entity conduct business with consumers through branch offices or other business locations?
☐ YES ☐ NO

(In certain state(s), branch offices or other business locations must be registered or licensed. Use NMLS Branch Form to report these to the regulatory agency(s).)

3. Other Trade Names

Any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company must be identified below. Use additional sheets as necessary.

NOTE: Review state licensing requirements for rules and restrictions regarding other trade names.

Other Trade Names or "dba" used	State(s) where the Other Trade Name is used	Identify applicable industry:
		☐ Mortgage; ☐ Debt; ☐ Consumer Finance; ☐ Money Services
		☐ Mortgage; ☐ Debt; ☐ Consumer Finance; ☐ Money Services
		☐ Mortgage; ☐ Debt; ☐ Consumer Finance; ☐ Money Services

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4. Resident/Registered Agent

Provide the information for your company's resident/registered agent below. If the resident/registered agent is a company rather than an individual, put the words 'registered agent' in the Title field. Use additional sheets if necessary.

Company _____ First Name _____ Last Name _____ Title _____

Number & Street (Do not provide PO Box) _____ City _____ State _____ Country/Province _____ Postal Code _____

( ) - ext _____ Business Phone ( ) - Fax Line _____ Email Address _____

5. Web Addresses

Provide the full web address(es) for the company and any separate websites for other trade names identified in question 3 (if one exists).

(A) Website Address: _____

Is your company accepting applications or transacting business through this website? ☐ YES ☐ NO

(B) Website Address: _____

Is your company accepting applications or transacting business through this website? ☐ YES ☐ NO

(C) Website Address: _____

Is your company accepting applications or transacting business through this website? ☐ YES ☐ NO

6. Primary Contact Employee Information

List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) contact must be identified, and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets if necessary.

☐ Primary Company

☐ Primary Consumer Complaint (Regulator)

First Name _____ Last Name _____ Title _____ Email Address _____

PO Box or Number & Street _____ City _____ State _____ Country/Province _____ Postal Code _____

( ) - ext _____ Business Phone ( ) - Fax Line _____

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7. Additional Contact Employees Information

In the section below, identify any additional contact employee you wish to assist regulators with specific inquiries. Use additional sheets if necessary.

First Name _____ Last Name _____ Title _____ Email Address _____

PO Box or Number & Street _____ City _____ State _____ Country/Province _____ Postal Code _____

( ) - ext _____ Business Phone

( ) - Fax Line

Identify applicable industry: ☐ Mortgage ☐ Debt ☐ Consumer Finance ☐ Money Services

Indicate area(s) in charge:

☐ Accounting ☐ Call Report ☐ Consumer Complaint (Public) ☐ Consumer Complaint (Regulator)

☐ Exam Billing ☐ Exam Delivery ☐ Legal ☐ Licensing ☐ Litigation ☐ Pre-Exam Contact

Identify the state(s) for every listed contact employee: _____

8. Books and Records Information

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

Company _____ First Name _____ Last Name _____

☐ Same as main address

Business Address (Do not provide PO Box) _____ City _____ State _____ Country/Province _____ Postal Code _____

( ) - ext _____ Business Phone

( ) - Fax Line

Email Address _____

Identify applicable industry: ☐ Mortgage ☐ Debt ☐ Consumer Finance ☐ Money Services

Identify the state(s) for which every listed record custodian maintains records for the company: _____

Comments: _____

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9. Approvals and Designations

Provide the information below for any approvals and/or designations the company currently holds.

☐ (A) Federal Housing Administration (FHA) Approval (if selected, indicate Approval Type: ☐ Government Lender ☐ Investing Lender ☐ Nonsupervised Lender ☐ Supervised Lender; and provide Main Approval #: _____)

☐ (B) Ginnie Mae approved Issuer/Servicer (if selected, provide Main Approval #: _____)

☐ (C) Fannie Mae approved Seller/Servicer (if selected, provide Main Approval #: _____)

☐ (D) Freddie Mac approved Seller/Servicer (if selected, provide Main Approval #: _____)

☐ (E) Veterans Administration (VA) Approved Lender (if selected, provide Main Approval #: _____)

☐ (F) FinCEN Registration (Money Service Businesses only) (if selected, provide Confirmation #: _____ and Filing Date:_____)

☐ (G) Uniform Debt-Management Services Act Accreditation

☐ (H) Guaranteed Rural Housing (GRH) Approval (if selected, provide Main Approval #: _____)

(I) Other Approval/Designation (if selected, provide the name of approval/designation and number below)

Name of Approval/Designation: _____ Approval/Registration #: _____

	YES	NO
(J) Will entity engage in any non-financial services-related business? If "yes" briefly describe. _____	☐	☐
(K) Will the entity occupy or share space with any person(s) engaged in financial services-related activity? If "yes" briefly describe. _____	☐	☐

10. Bank Account Information

Bank account information should be provided only if you are instructed by your regulator to provide such information.

Provide the information requested below as required for each bank account, including applicable Industry Type(s) and State(s). Use additional sheets if necessary.

(A) Account Type: ☐ Letter/Line of Credit ☐ Operating ☐ Trust/Primary

If Letter/Line of Credit is selected, complete (B) and (C):

(B) _____ Amount of Letter/ Line of Credit (C) _____ Letter/Line of Credit Expiration Date (MM/DD/YYYY)

(D) Bank Name: _____

(E) _____ PO Box or Number & Street (F) _____ City (G) _____ State _____ Country/Province (H) _____ Postal Code

(I) _____ Account Number (J) Notes _____

(K) Identify applicable industry: ☐ Mortgage ☐ Debt ☐ Consumer Finance ☐ Money Services

(L) Identify the state(s) for every listed bank account: _____

11. Legal Status

(A) Fiscal year end (MM/DD): _____

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

Formation State: _____ Formation Country/Province: _____ Date of formation (MM/DD/YYYY):_____

(C) If publicly traded please insert stock symbol: _____

(D) Indicate legal status of applicant.

☐ Corporation ☐ Limited Liability Company ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Partnership ☐ Limited Liability Limited Partnership
☐ Not For Profit Corporation ☐ Sole Proprietorship ☐ Trust
☐ Other (specify) _____

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12. Affiliates/Subsidiaries

In this section, you must identify each entity under common ownership (affiliate) and each entity under your control (subsidiary) that provides financial services or settlement services. Use additional sheets if necessary.

(A) Entity ID: _____ (B) Affiliate/Subsidiary Name: _____

(C) _____ (D) _____ (E) _____ _____ (F) _____
Number & Street City State Country/Province Postal Code

(G) Control Relationship: ☐ Affiliate (Under Common Control) ☐ Subsidiary (Entity Controls)

(H) Description: _____

(I) I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest) ☐ YES ☐ NO

13. Financial Institutions

If your company is controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company, all such financial institutions must be identified in this section. Use additional sheets if necessary.

Type of Institution:	☐ Bank Holding Company ☐ Credit Union ☐ Foreign Bank ☐ National Bank ☐ Savings Association/Savings Bank ☐ State Member Bank of the Federal Reserve System ☐ State Non-Member Bank ☐ Thrift Holding Company

Financial Institution Name: _____

Number and Street	City	State	Country/Province	Postal Code

Relationship Description: _____

14. Disclosure Questions

For purposes of responding to the questions below, the term “control affiliate” means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the applicant. If the answer to any of the following is "YES", you must provide complete details to the state(s) where you are licensed/registered or requesting licensure/registration. Remember to file updates of these disclosures as needed.

Criminal Disclosure	YES	NO
(A) Has the entity or a control affiliate ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	☐	☐
(2) been charged with any felony?	☐	☐
(B)		
(1) In the past 10 years has the entity or a control affiliate been convicted of pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?	☐	☐
(2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)?	☐	☐
Regulatory Action Disclosure		
(C) In the past 10 years, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:	☐	☐
(1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?		
(2) found the entity or a control affiliate to have been involved in a violation of a financial services-related regulations(s) or statute(s)?	☐	☐
(3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	☐	☐

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	YES	NO
(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	☐	☐
(5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	☐	☐
(D) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	☐	☐
(E) Is there a pending regulatory action proceeding against the entity or a control affiliate for any alleged violation described in (C) through (D)?	☐	☐
Civil Judicial Disclosure		
(F) Has any domestic or foreign court: (1) in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity?	☐	☐
(2) in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statue(s) or regulation(s)?	☐	☐
(3) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority?	☐	☐
(G) Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)?	☐	☐
Financial Disclosure		
(H) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?	☐	☐
(I) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	☐	☐
(J) Does the entity have any unsatisfied judgments or liens against it?	☐	☐

15. Direct Owners and Executive Officers

Provide the information requested below for the individual or company being identified as a (i) direct owner of 10% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An NMLS Individual Form must be completed for all natural person(s) identified in this section.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership	Individual or Company	Stock Symbol (Company Only)	SSN or EIN (Company Only)
				☐ Individual ☐ Company		
				☐ Individual ☐ Company		
				☐ Individual ☐ Company		
				☐ Individual ☐ Company		
				☐ Individual ☐ Company		
				☐ Individual ☐ Company		

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16. Indirect Owners

Are there any indirect owners of the entity required to be reported?

☐ YES (If yes, you must provide the information requested in the section below.) ☐ NO

Ownership Type examples include: partner, trustee, indirect owner, shareholder, etc. The Equity Owner is the company in which the ownership interest is held. An NMLS Individual Form must be completed for all Individuals identified as control persons.

Entity ID	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Ownership Type	Equity Owner in Which Interest is Held	% Ownership	Control Person	Stock Symbol (Company Only)	SSN or EIN (Company Only)	Individual or Company
					☐ Yes ☐ No			☐ Individual ☐ Company
					☐ Yes ☐ No			☐ Individual ☐ Company
					☐ Yes ☐ No			☐ Individual ☐ Company
					☐ Yes ☐ No			☐ Individual ☐ Company
					☐ Yes ☐ No			☐ Individual ☐ Company

17. Qualifying Individuals

Provide the information requested below for the Qualifying Individual, including applicable Industry Type(s) and State(s). In addition, an NMLS Individual Form must be completed for each Qualifying Individual. Use additional sheets if necessary:

Identify applicable industry by inserting the following code(s) in the *Industry* column:

MTG - Mortgage
CF - Consumer Finance
DM - Debt
MSB - Money Service

Entity ID	Full Legal Name (Last Name, First Name, Middle Name)	Title	Business Address	City	State	Country/ Province	Postal Code	Industry	State(s) for QI

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EXECUTION: *I, <<NAME>>, <<TITLE/POSITION>>, am employed by or am an officer or a control person of <<COMPANY>> (Applicant). Applicant agrees to and represents the following:*

(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
(2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
(3) To the extent any information submitted is part of an advance change notice with a delayed effective date, such information is accurate and complete as of this submission;
(4) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the Applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
(5) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
(6) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

On this << MM/DD/YYYY >>, I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information and belief.

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