

**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. The definitions for the business activities can be found [here](#).

Mortgage	Consumer Finance	Debt	Money Services
Appraisal Management Services	Accounting/Billing servicing	Active debt buying (undertakes direct collections on accounts)	Bill paying
Commercial Mortgage brokering or lending	Commercial Financing (Lending/Brokering)	Bi-weekly payment processing services	Check Cashing
Credit Insurance Services	Commercial Mortgage Servicing	Credit Repair	Electronic Money Transmitting
First Mortgage brokering	Consumer Loan Brokering	Debt management/credit counseling	Foreign currency dealing or exchanging
First Mortgage lending	Consumer Loan Lending	Debt Negotiation	Issuing and/or selling drafts
First Mortgage servicing -MSR	Consumer Loan Servicing	Debt Settlement/debt adjuster	Issuing money orders
First Mortgage servicing -Whole Loan	Consumer Reporting Agency	First party debt collection	Issuing prepaid access/stored value
Foreclosure consulting/foreclosure rescue	Earned Wage Access - Direct to Consumer	Judgment recovery	Issuing traveler's checks
High-Cost Home Loans - Broker	Earned Wage Access - Employer Integrated	Non-mortgage loan modifications	Payroll Processing Services
High-Cost Home Loans - Lender	Escrowing agents	Passive debt buying (does not include undertake direct collections on accounts)	Selling money orders
Home Equity Lending/Lines of Credit - Broker	Non - Depository ATM Operation	Repossession agency activities	Selling prepaid access/stored value
Home Equity Lending/Lines of Credit - Lender	Non- Private Student Loan Lending	Repossession agent activities	Selling traveler's checks
Lead generation	Non- Private Student Loan Servicing	Third party debt collection	Transporting currency
Manufactured housing financing – Broker	Pawn Brokering		Virtual currency exchanging and trading services
Manufactured housing financing – Lender	Payday Lending Online		
Master Servicing - MSR	Payday Lending Storefront		
Master Servicing – Whole Loan	Precious Metals Dealing		
Mortgage Loan Modifications	Premium Finance Company activities		
Mortgage Loan purchasing	prepaid funeral plan providers		
Reverse Mortgage Brokering	Private Student Loan Lending		
Reverse Mortgage Lending	Private Student Loan Servicing		
Reverse Mortgage Servicing	Property Assessed Clean Energy (PACE) Program Administrator		
Second Mortgage brokering	Property Tax Lending		
Second Mortgage lending	Refund anticipation Lending		
Short Sale	Rent-to-Own		
Subordinate Lien servicing - MSR	Retail installment selling		
Subordinate Lien servicing – Whole Loan	Sales Finance Company activities - general		
Third Party First Mortgage servicing	Sales Finance Company activities -motor vehicles		
Third party mortgage loan processing	Title Lending		
Third party mortgage loan underwriting			
Third Party Subordinate Lien Mortgage servicing			

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### 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](#)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> South Carolina    |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Dakota      |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Iowa          | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Tennessee         |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Texas             |
| <input type="checkbox"/> California           | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> US Virgin Islands |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New York       | <input type="checkbox"/> Utah              |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Maine         | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont           |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Virginia          |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Washington        |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> West Virginia     |
| <input type="checkbox"/> Georgia              | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Wisconsin         |
| <input type="checkbox"/> Guam                 | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Wyoming           |
| <input type="checkbox"/> Hawaii               | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Puerto Rico    |  |
| <input type="checkbox"/> Idaho                | <input type="checkbox"/> Montana       | <input type="checkbox"/> 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<br>(sole proprietors provide last, first, and full middle name)<br><br>_____ | (B) IRS Employer Identification Number<br>(Social Security Number is allowed for sole proprietorship)<br><br>_____ |
|--|--|

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

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

- (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:

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

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(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

\_\_\_\_\_  
Other Trade Names or "dba" used

\_\_\_\_\_  
State(s) where the Other Trade Name is used

Identify applicable industry:

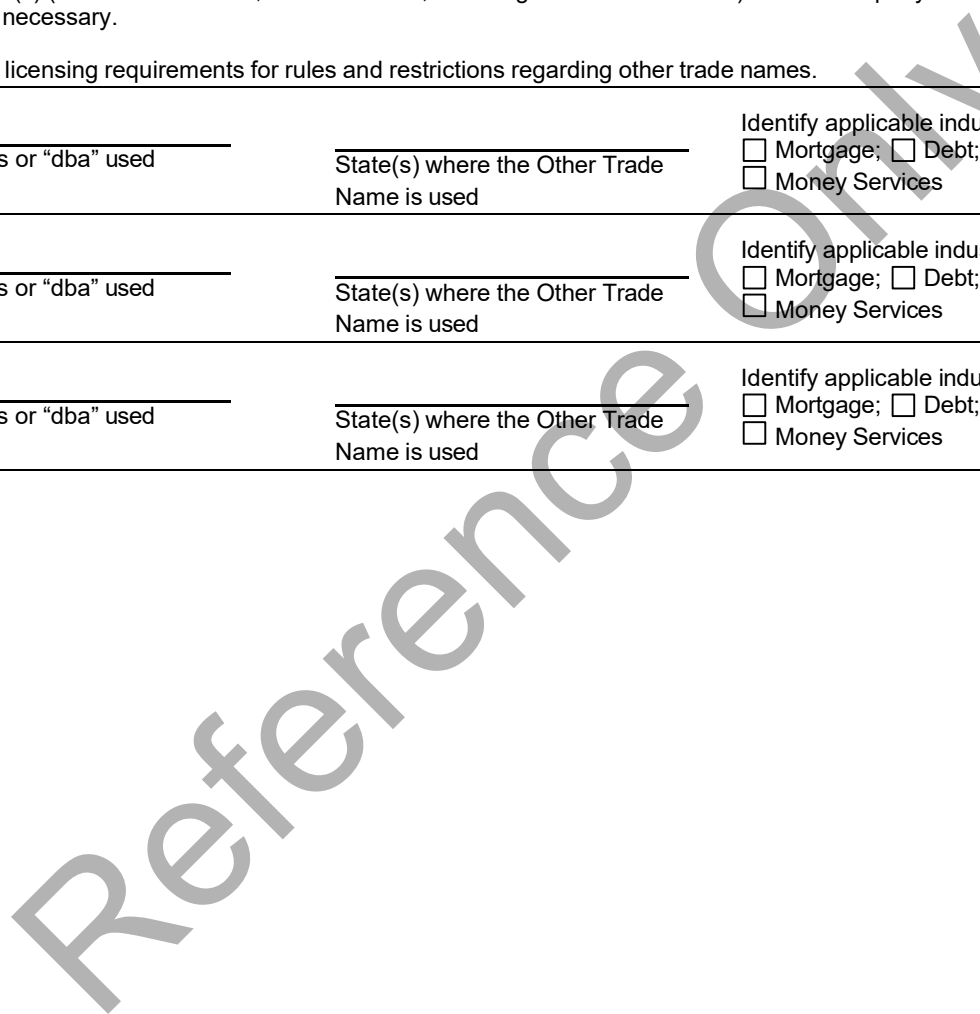
- Mortgage;  Debt;  Consumer Finance;  
 Money Services

\_\_\_\_\_  
Other Trade Names or "dba" used

\_\_\_\_\_  
State(s) where the Other Trade Name is used

Identify applicable industry:

- 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
_____	_____	_____	_____
( ) - 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
_____	_____	_____	_____
( ) - 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
( ) - ext	( ) -		
Business Phone	Fax Line		
Identify applicable industry:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Debt	<input type="checkbox"/> Consumer Finance
			<input type="checkbox"/> Money Services
Indicate area(s) in charge:			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Call Report	<input type="checkbox"/> Consumer Complaint (Public)	<input type="checkbox"/> Consumer Complaint (Regulator)
<input type="checkbox"/> Exam Billing	<input type="checkbox"/> Exam Delivery	<input type="checkbox"/> Legal	<input type="checkbox"/> Licensing
		<input type="checkbox"/> Litigation	<input type="checkbox"/> 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
<input type="checkbox"/> Same as main address		
Business Address (Do not provide PO Box)	City	State
( ) - ext	( ) -	Country/Province
Business Phone	Fax Line	Postal Code
Business Phone	Email Address	
Identify applicable industry:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Debt
	<input type="checkbox"/> Consumer Finance	<input type="checkbox"/> 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 #: \_\_\_\_\_

(J) Will entity engage in any non-financial services-related business?

If "yes" briefly describe. \_\_\_\_\_

<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

(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) \_\_\_\_\_ (C) \_\_\_\_\_  
 Amount of Letter/ Line of Credit Letter/Line of Credit Expiration Date (MM/DD/YYYY)

(D) Bank Name: \_\_\_\_\_

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

(I) \_\_\_\_\_ (J) Notes \_\_\_\_\_  
 Account Number

(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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been charged with any felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (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? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)?   | <input type="checkbox"/> | <input type="checkbox"/> |

**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:                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (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)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (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? | <input type="checkbox"/> | <input type="checkbox"/> |

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(4) entered an order against the entity or a control affiliate in connection with a financial services-related activity?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is there a pending regulatory action proceeding against the entity or a control affiliate for any alleged violation described in (C) through (D)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(2) in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(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)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Disclosure</b>		
(H) In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Does the entity have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**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)
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> 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.