



NMLS BRANCH FORM

The NMLS Branch Form is the universal licensing form used by companies to apply for and maintain branch license(s) for any non-depository, financial services license authority if required by a state agency participating on NMLS. In accordance with state law, applicants may be required to have certain persons (i.e. Branch Managers) complete an NMLS Individual Form to be submitted along with the NMLS Branch Form.

*** ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH [NMLS](#) – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY ***

1. Business Activities

Select **all** business activities conducted at this location by your company from the list below, including business activities for which a license request is being submitted or for which your company is not specifically seeking licensing authority. The definitions for these terms can be found in [Business Activities Definitions](#).

Mortgage	Consumer Finance	Debt	Money Services
<input type="checkbox"/> First mortgage brokering <input type="checkbox"/> Second mortgage brokering <input type="checkbox"/> First mortgage lending <input type="checkbox"/> Second mortgage lending <input type="checkbox"/> First mortgage servicing <input type="checkbox"/> Third party first mortgage servicing <input type="checkbox"/> Subordinate lien mortgage servicing <input type="checkbox"/> Third party subordinate lien mortgage servicing <input type="checkbox"/> Master servicing <input type="checkbox"/> Mortgage loan purchasing <input type="checkbox"/> Short sale <input type="checkbox"/> Foreclosure consulting/foreclosure rescue <input type="checkbox"/> Home equity lending/lines of credit <input type="checkbox"/> Reverse mortgage brokering <input type="checkbox"/> Reverse mortgage lending <input type="checkbox"/> Reverse mortgage servicing <input type="checkbox"/> Credit insurance services <input type="checkbox"/> Third party mortgage loan processing <input type="checkbox"/> Third party mortgage loan underwriting <input type="checkbox"/> Manufactured housing financing <input type="checkbox"/> Lead generation <input type="checkbox"/> Commercial mortgage brokering or lending <input type="checkbox"/> Mortgage loan modifications <input type="checkbox"/> Other - mortgage	<input type="checkbox"/> Payday lending - storefront <input type="checkbox"/> Payday lending - online <input type="checkbox"/> Consumer loan brokering <input type="checkbox"/> Consumer loan lending <input type="checkbox"/> Consumer loan servicing <input type="checkbox"/> Sales finance company activities – motor vehicles <input type="checkbox"/> Sales finance company activities – general <input type="checkbox"/> Title lending <input type="checkbox"/> Refund anticipation lending <input type="checkbox"/> Premium finance company activities <input type="checkbox"/> Retail installment selling <input type="checkbox"/> Escrowing agents <input type="checkbox"/> 1031 exchange companies <input type="checkbox"/> Private student loan lending <input type="checkbox"/> Private student loan servicing <input type="checkbox"/> Non-private student loan lending <input type="checkbox"/> Non-private student loan servicing <input type="checkbox"/> Rent-to-own <input type="checkbox"/> Accounting/Billing servicing <input type="checkbox"/> Industrial loan lending companies <input type="checkbox"/> Pawn brokering <input type="checkbox"/> Property tax lending <input type="checkbox"/> Non-depository ATM operation <input type="checkbox"/> Prepaid funeral plan providers <input type="checkbox"/> Other – consumer finance	<input type="checkbox"/> First party debt collection <input type="checkbox"/> Third party debt collection <input type="checkbox"/> Debt negotiation <input type="checkbox"/> Debt settlement/debt adjuster <input type="checkbox"/> Passive debt buying (does not undertake direct collections on accounts) <input type="checkbox"/> Active debt buying (undertakes direct collections on accounts) <input type="checkbox"/> Debt management/credit counseling <input type="checkbox"/> Credit repair <input type="checkbox"/> Judgment recovery <input type="checkbox"/> Repossession agency activities <input type="checkbox"/> Repossession agent activities <input type="checkbox"/> Non-mortgage loan modifications <input type="checkbox"/> Bi-weekly payment processing services <input type="checkbox"/> Other - debt	<input type="checkbox"/> Electronic money transmission <input type="checkbox"/> Issuing traveler's checks <input type="checkbox"/> Selling traveler's checks <input type="checkbox"/> Issuing money orders <input type="checkbox"/> Selling money orders <input type="checkbox"/> Bill paying <input type="checkbox"/> Issuing and/or selling drafts <input type="checkbox"/> Transporting currency <input type="checkbox"/> Issuing prepaid access/stored value <input type="checkbox"/> Selling prepaid access/stored value <input type="checkbox"/> Check cashing <input type="checkbox"/> Foreign currency dealing or exchanging <input type="checkbox"/> Other – money services

2. Identifying Information				
Branch address, mailing address, if different, and branch office's telephone numbers:				
(A) Main address (Do not use a PO Box):				
_____	_____	_____	_____	_____
Number & Street	City	State	Country/Province	Postal Code
(B) Mailing address: <input type="checkbox"/> Same as above				
_____	_____	_____	_____	_____
PO Box or Number & Street	City	State	Country/Province	Postal Code
(C) Business phone, fax and email address:				
() - ext	() -	_____		
Business Phone	Fax Line	Email Address		
3. Other Trade Names				
All Other Trade Name used at this branch location (i.e. trade name, fictitious name, or "doing business as") must be identified below. Use additional sheets as necessary.				
NOTE: Review state licensing requirements for rules and restrictions regarding other trade names. All other trade names identified below must also be added to your company record (NMLS Company Form).				
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used at this branch	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services		
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used at this branch	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services		
_____	_____	Identify applicable industry:		
Other Trade Names or "dba" used at this branch	State(s) where the Other Trade Name is used	<input type="checkbox"/> Mortgage; <input type="checkbox"/> Debt; <input type="checkbox"/> Consumer Finance; <input type="checkbox"/> Money Services		
4. Branch Manager				
A Branch Manager is required for each Branch Location. The Branch Manager will be required to complete the NMLS Individual Form. (Use additional sheets as necessary).				
_____	_____	Identify applicable industry and list the State(s) where the Branch Manager is designated for the industry selected:		
Name	NMLS ID No.			
	<input type="checkbox"/> Mortgage -- _____	State(s) where the Branch Manager is designated		
	<input type="checkbox"/> Debt -- _____	State(s) where the Branch Manager is designated		
	<input type="checkbox"/> Consumer Finance -- _____	State(s) where the Branch Manager is designated		
	<input type="checkbox"/> Money Services -- _____	State(s) where the Branch Manager is designated		

5. Web Address

Provide the full web address(es) for the branch 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. Books and Records Information

Provide the information requested below for the records custodian maintaining records for this branch. 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 this branch, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

_____	_____	_____		
Company	First Name	Last Name		
_____	_____	_____	_____	_____
Business Address (Do not provide PO Box)	City	State	Country/Province	Postal Code
() - ext _____	() - _____	_____		
Business Phone	Fax Line	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: _____				

7. Operation Information

(a).	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b).	Will this branch office have sole responsibility for decisions relating to individuals participating in financial-related services with respect to employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c).	Will this branch office have sole responsibility for decisions relating to individuals participating in financial-related services with respect to compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d).	Other than the entity, does anyone have responsibility for the expenses or have a financial ownership/liability interest in the activities of this branch? If answered yes, complete the following section for each person responsible for the expenses or with a financial ownership/liability interest.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Expense Information

Provide the following contact information about the party responsible for expenses or with a financial ownership/liability interest. Indicate whether or not the party maintains a financial services related license. In the Explanation provide the relevant details to the party's responsibility on expenses or financial ownership/liability interest. If no party other than the company is responsible for expenses of this branch, leave blank.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Business Address, City, State, Country/Province, Postal Code	Business Phone Number	Separately Licensed?		Explanation
			YES	NO	

			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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.