FORM MU2	MULTISTATE UI	NIFORM FORM FOR	CONTROL PER	RSON
Date of filing (MM/DD/YY)	′Y):			
☐ NEW APPLICATION		(To amend, circle or ide		g amended.)
SURRENDER		w jurisdiction-specific in	structions)	
License Number information (if applicable). Use	additional sneets if	necessary.		
State License #	State	License #	State	License #
State License #	State	License #	State	License #
(A) Full last, first and middle names:				
 	<u> </u>			
Last Name	First Name		Middle Name	Suffix (if any)
(B) Social Security Number:	(C) Gender:	∐ Male	☐ Female	
(D) Date of Birth (MM/DD/YYYY)	(E) State/Pro	vince of Birth:	(F) Country	y/Province of Birth:
(G) US Citizen: ☐ YES ☐ NO				red by regulator):
(I)* Passport Issuing Country (if required regulator):		nent Issued Identification	n /Passport Numbe	er (if required by
* For questions H – J, consult jurisdictio	n specific checklist			
(K) Other than your legal name, list all na aliases, and names used before or a				ples include nicknames,
Name		Name		
Name		Name		
(L) For amendments only: If this filing relegal documentation:	reports that an individ	dual's name has change	ed, enter the new r	name and attach supporting
Last Name	First Name	Full	Middle Name	Suffix (if any)
(M) Employer Name:				
(N) Employment address: (do not use a	P.O. Box)	☐ If this address is	your private resid	ence, check this box.
Number & Street City Position Held	/	State / Provinc	e & Country	Zip+4 / Postal Code
(O) Current Residential address (if differ	ent from employmer	nt address):		
Number & Street City	/	State / Provinc	e & Country	Zip+4 / Postal Code
(P) Telephone Numbers and e-mail add	ress:	()		()
Business Phone Exte	 nsion	(<u>)</u> - Home Phone (o	 ptional)	(<u>)</u> - Cell Phone (optional)
(<u>)</u> e-ma Fax Line (optional)	ail address (optional)	:		

To the be will be far qualified of the info	st of my kno miliar with the for the positor prmation co	presentation owledge and belief, the control ne statutes, regulations, and relicion for which application is be ntained in and with this application has approved this inform	ules of the <i>jurisdiction</i> eing made herein. I ha ation. I have provide	n(s) with which ave taken appled the individua	n this applicat ropriate steps	ion is being file to verify the a	ed, and will be accuracy and	e fully completeness		
Compar	ny Name	by	by Signature of authorized party			Print Name and Title of authorized party				
	E	mployment Representation	must always be co	mpleted in ful	ll with origina	al, manual siç	gnature.			
3. Resid	ential Histo	orv								
Starting v		address, you must provide all	of your residential ad	ddresses for th	e past ten ye	ars without ga	ps. (Attach a	dditional		
From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country/ Province		ng Address yes/no)		
					>					
4. Emplo	yment Hist	tory								
self-emple	oyment, mili	mployment history for the past tary service, and homemakin by "YES" or "NO" whether the	g. Also include perio	ds such as un inancial servic	employed, re e-related bus	tirement, full-ti	ime student, e	extended neets as		
From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held abbreviations		dress/City	State and Postal Code	Country/ Province	YES or NO?		
		y								

5. Oth	er Business		
or other	currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent wise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or	YES	NO
whether your pos hours pe	and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; the business is <i>financial services-related;</i> the address of the other business; the nature of the other business; sition, title, or relationship with the other business; the start date of your relationship; the approximate number of er month you devote to the other business; and briefly describe your duties relating to the other business. (Attach al sheets as needed.)		
Details:			
6. Dis	closure Questions		
	nswer to any of the following is "YES", provide complete details of all events or proceedings. Send the details to t you are licensed/registered or requesting licensure/registration. Remember to file updates to these disclosures as		
(A)	Financial Disclosure	YES	NO
	(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?		
	(2) Based upon events that occurred while you exercised <i>control</i> over an organization, have any of these organizations filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?		
	(3) Have you been the subject of a foreclosure action within the past 10 years?		
(B)	Has a bonding company ever denied, paid out on, or revoked a bond for you?		
(C)	Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?		
(D)	Do you have any unsatisfied judgments or liens against you?		
(E)	Are you delinquent on any court ordered child support payments?		
(E)	Criminal Disclosure		
(F)	(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?		
	(2) Are there pending charges against you for any felony?		
(G)	Based upon activities that occurred while you exercised <i>control</i> over an organization: (1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?		
	(2) Are there pending charges against any organization for any felony?		
(H)			
	(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a <i>misdemeanor involving</i> : (i) <i>financial services</i> or a <i>financial services-related</i> business; (ii) fraud, (iii) false statements or omissions (iv) any theft or wrongful taking of		
/IV	property (v) bribery, (vi) perjury (vii) forgery, (viii) counterfeiting, or (ix) extortion? (2) Are there pending charges against you for a misdemeanor specified in H(1)?		
(1)	Based upon activities that occurred while you exercised <i>control</i> over an organization (1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in (H)(1)?		
	(2) Are there pending charges against any organization for any <i>misdemeanor</i> specified in (H)(1)?		

Civil Judicial Disclosure		
(J)		
(1) Has any domestic or foreign court ever:		
(a) enjoined you in connection with any financial services-related activity?	_	_
(b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?		
(c) dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority?		
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	П	
(3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services related civil action in which you are named for any alleged violation described in (J)(1)?		
Regulatory Action Disclosure		
(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory		
organization ever: (1) found you to have made a false statement or omission or been dishonest, unfair or unethical?		
(2) found you to have been involved in a violation of a financial services-related regulation(s) or statute(s)?		
(3) found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?		
(4) entered an order against you in connection with a financial services-related activity?		
(5) revoked your registration or license?		
(6) denied or suspended your registration or license or applicationfor licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activites?		
(7) barred your from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business?		
(8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?		
(9) entered an order against you in connection with any license or registration?		
(L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?		
(M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> or self-regulatory organization ever taken any of the actions listed in sections (K) through (L) in connection with the organization?		
(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (M)?		
(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against the organization for any alleged violation described in (K) through (N)?		
Customer Arbitration/Civil Litigation Disclosure		
(P) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or		
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or		
(3) was settled for any amount?		
Termination Disclosure		
(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?		
(2) fraud, dishonesty, theft, or the wrongful taking of property?		

	NMLS or SRR Testing Rul	es of Conduct Disclosu	re			
(R)						
(1) Have you ever been found to have violated any Rule of Conduct for test takers of the SAFE MLO Test or found to have violated the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?					d 🗆	
(2) Have you been notified that you are the subject of an investigation by the Mortgage Testing and Education Board (MTEB) or State Regulatory Registry LLC (SRR) regarding an alleged violation of the Rules of Conduct for test takers of the SAFE MLO Test or the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?						
7. Fingerprint Information						
☐ I represent that I am submitting required.	, have submitted, or promptly	y will submit to the approp	oriate jurisdiction(s) two fingerp	rint card	s as
8. Credit Report					~	
☐ I represent that I am authorizin	g the appropriate jurisdiction	(s) to request a credit repo	ort in connection	with this filing		
9. Individual's Acknowledgment	& Consent					
I swear or affirm that I have execut (1) That the information and staten which are made a part of this appli falsification to authorities, or simila (2) To the extent any information p (3) That the jurisdiction(s) to which all laws and regulations; (4) To keep the information contain (5) To comply with the provisions of which I am applying.	nents contained herein, included cation, are current, true, accurrent, true, accurrent provisions as provided by la reviously submitted is not am an application is being submitted in this form current and to	ding exhibits attached her urate and complete and a aw; nended and hereby, such nitted may conduct any involute accurate supplement	eto, and other infore made under the information remanded into much tary information of tary information of tary information of the information of	ormation filed e penalty of p lins accurate a by background on a timely ba	I herewith perjury, on and comp I, in acco sis; and	n, all of run-sworn blete; ordance with
If an Applicant has made a false st application, then the foregoing app		this application or in any o	documentation pr	ovided to sup	port the t	foregoing
Notary seal here	Date (MM/DD/YYYY) Signed or attested before monthis Date	ne: Print Notary Public name day of, Month	Signature of byPrint individu		County	
				·	/A AA + /5 =	2000
Notary Public signature Notary Appointment Expires (MM/DD/YYYY) Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.						
Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.						