



MULTISTATE UNIFORM FORM FOR CONTROL PERSON

Date of filing (MM/DD/YYYY): _____

- NEW APPLICATION AMENDMENT (To amend, circle or identify item(s) being amended.)
 SURRENDER OTHER (review jurisdiction-specific instructions) _____

License Number information (if applicable). Use additional sheets if necessary.

State	License #	State	License #	State	License #
State	License #	State	License #	State	License #

1. Identifying Information

(A) Full last, first and middle names:

_____ Last Name _____ First Name _____ Full Middle Name _____ Suffix (if any)

(B) Social Security Number: _____ (C) Gender: Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country/Province of Birth: _____

(G) US Citizen: YES NO (H)* State of Government Issued Identification (if required by regulator): _____
 (I)* Passport Issuing Country (if required by regulator): _____ (J)* Government Issued Identification /Passport Number (if required by regulator): _____

* For questions H – J, consult jurisdiction specific checklist

(K) Other than your legal name, list all name(s) you are using or have used since the age of 18. Examples include nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name _____ Name _____
 Name _____ Name _____

(L) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

_____ 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 residence, check this box.

_____ Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code
 _____ Position Held

(O) Current Residential address (if different from employment address):

_____ Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(P) Telephone Numbers and e-mail address:

() - _____ Business Phone _____ Extension () - _____ Home Phone (optional) () - _____ Cell Phone (optional)
 () - _____ Fax Line (optional) e-mail address (optional): _____

2. Employment Representation

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

_____ by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

Employment Representation must always be completed in full with original, manual signature.

3. Residential History

Starting with current address, you must provide all of your residential addresses for the past ten years without gaps. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country/Province	Mailing Address (yes/no)

4. Employment History

Provide a complete employment history for the past ten years without gaps. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, retirement, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether the employment is/was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held (no abbreviations)	Address/City	State and Postal Code	Country/Province	YES or NO?

5. Other Business		
Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non- <i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i> ; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		
6. Disclosure Questions		
If the answer to any of the following is "YES", provide complete details of all events or proceedings. Send the details to the jurisdictions where you are licensed/registered or requesting licensure/registration. Remember to file updates to these disclosures as needed.		
Financial Disclosure	YES	NO
(A)		
(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have you been the subject of a foreclosure action within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Are you delinquent on any court ordered child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
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> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against you for any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(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> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against any organization for any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(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 property (v) bribery, (vi) perjury (vii) forgery, (viii) counterfeiting, or (ix) extortion?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against you for a misdemeanor specified in H(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(I) 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)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against any organization for any <i>misdemeanor</i> specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>

NMLS or SRR Testing Rules of Conduct Disclosure		
(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? (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?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Fingerprint Information		
<input type="checkbox"/> I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.		
8. Credit Report		
<input type="checkbox"/> I represent that I am authorizing the appropriate jurisdiction(s) to request a credit report in connection with this filing.		
9. Individual's Acknowledgment & Consent		
<p>I swear or affirm that I have executed this form before a Notary Public, on my own behalf, and agree to and represent the following:</p> <p>(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, accurate and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;</p> <p>(2) To the extent any information previously submitted is not amended and hereby, such information remains accurate and complete;</p> <p>(3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into my background, in accordance with all laws and regulations;</p> <p>(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and</p> <p>(5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which I am applying.</p> <p>If an Applicant has 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.</p>		
Notary seal here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ _____ Print Notary Public name on this _____ day of _____, Date _____ Month _____ _____ Notary Public signature	_____ Signature of individual by _____ _____ Print individual's name _____ at _____ Year _____ State _____ County _____ _____ Notary Appointment Expires (MM/DD/YYYY)
Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.		