

**LICENSED LENDER FACT SHEET**

Name of Licensee: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

A contact **and all requested information** must be provided for each of the following categories.

Supervisory Assessment \_\_\_\_\_

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

License Renewal

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Examination

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Complaints

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Public Contact

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

MLO Contact

Name and Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_

***Changes in contact information must be reported to the Office of the State Bank Commissioner immediately.***