

MORTGAGE LOAN BROKER 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

_____ Fax #
Email Address

Mailing Address

License Renewal _____
Name and Title Telephone # Extension

_____ Fax #
Email Address

Mailing Address

Examination _____
Name and Title Telephone # Extension

_____ Fax #
Email Address

Mailing Address

Complaints _____
Name and Title Telephone # Extension

_____ Fax #
Email Address

Mailing Address

Public Contact _____
Name and Title Telephone # Extension

_____ Fax #
Email Address

Mailing Address

MLO Contact _____
Name and Title Telephone # Extension

_____ Fax #
Email Address

Mailing Address

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