

## **NOTICE**

This Mortgage Lender/Broker Application for Additional Office is conveniently provided to you in a user-friendly Interactive Format. The application CAN be COMPLETED online but CANNOT be submitted electronically at this time. You <u>must</u> print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

<u>REMINDER</u>: Applicants should read the Initial License and Renewal <u>instructions</u> in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by <a href="mailto:em

Scroll down to begin



## DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING BANKING BUREAU PO Box 96378

OFFICIAL USE ONLY

Washington, D.C. 20090-6378

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

## NON-DEPOSITORY MORTGAGE LENDER/BROKER – APPLICATION FOR ADDITIONAL OFFICE

<u>IMPORTANT</u>: This application is available on our website at <u>www.disb.dc.gov</u> in an interactive format. The form <u>CAN be COMPLETED</u> online but <u>CANNOT</u> be submitted electronically at this time. You <u>MUST</u> print out the completed form and follow the initial or renewal license instructions explicitly in the preparation and filing of this application. The <u>Initial and Renewal license instructions are an integral part of the application</u>. With the exception of signatures, all responses <u>must</u> be <u>typed</u> or <u>printed</u> legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number.

INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE

			IE APPLICANT TO BE COM		•		
SECT	TON 1 – LICENSE TYPE AND FI	EES: – Selec	et One (1) ONLY and co	omplete. Make check pay	yable to the DC Treasu	rer.	
	TGAGE – Broker License w Broker License - \$1,100		GE – Lender License ender License - \$1,200	MORTGAGE – Brok		l Authority License)	
Re	new Broker License - \$900	Renew	Lender License - \$1,000	Renew Dual Autho	ority license - \$1,200		
SECT	TON 2 –EXISTING LICENSEE B	USINESS IN	NFORMATION				
1.	APPLICANTS MAIN OFFICE I	ICENSE NU	UMBER – Not applicable	if submitted with an Initia	al License Application	ι	
	Full <b>Legal Name</b> of APPLICANT:						
	D/B/A, or Assumed name, if any:						
	FEIN or SS Number:						
	Applicant's MAIN office address:			<u> </u>			
	City:		State:		Zip:		
	Phone #:		Fax #:		Email Address:		
	TION 3 – ADDITIONAL OFFICE	PROFILE				_	
1.	ADDITIONAL OFFICE LICENS	SE NUMBEI	R – Not applicable if subn	nitted with an Initial Licer	ise Application		
	Full Legal Name of Office to be L	icensed or R	Re-licensed:				
	D/B/A, if applicable:						
	Address of office to be licensed:						
	City:		State:		Zip:		
	Phone #: ( ) -		Fax #: ( ) -		Email Address:		
2.	Certified Registered Agent: Important: A Certified Resident A who is a non-resident of the District of Registered Agent Requirement in the In	Columbia. (F	Refer to the Certified	Official Books and Records will be kept at the following address:  Is this a Company or Affiliate location?   Yes   No			
	Name & Title:			Name & Title:			
	Street Address:			Street Address:			
		State: DC	Zip Code:	City:	State:	Zip Code:	
	Phone #: ( ) -	Fax: (	) -	Phone #: ( ) -	Fax: (	) -	
	Email Address:	1.4	10 "	Email Address:	1. 0 0		
	Person authorized to respond to <b>Re</b> Name and Title:	eguiatory and	a Compliance issues:	Person authorized to resp Name and Title:	pona to <b>Consumer Co</b>	ompiaints:	
	Street Address:			Street Address:			
		State:	Zip Code:	City:	State:	Zip Code:	
	Phone #: ( ) -	Fax: (	) -	Phone #: ( ) -	Fax: (	) -	
	Email Address:		′	Email Address:	1 (		

- 1	Name and Title:							
Ī	Address:							
	City:		State:		Zip Code	:		
	Phone #: ( ) -		Fax #: ( ) -		Email Ad	dress:		
	Does the applicant or any of it license? <b>Yes No</b> 1					state that does not require a n a separate sheet of paper.		
CT	ION 4 – MORTGAGE LEND	DER/ BROKER A	ACTIVITY REPORT					
	<b>Type of mortgage activity to be conducted by the applicant:</b> (Check all that apply)							
		Current Year: 200t		Prior Year: 200 (If appl	licable)	Two Years Previous: 200_ (If applicab		
Ī	Aggregate total of District of	φ.		ф.		<b>.</b>		
F	Columbia loans made:	\$		\$		\$		
-	NUMBER Aggregate total of District of	#						
	Columbia mortgage loans brokered:	\$		\$		\$		
	NUMBER	#		·				
	Aggregate total of District of Columbia mortgage loans serviced, not made:	ф						
	corviced not made							
_		\$		\$		\$		
001	NUMBER	#	IENT AND SIGNAT			\$		
PPL	NUMBER ICATION AFFIDAVIT, ACE	# KNOWLEDGEM	· · · · · · · · · · · · · · · · · · ·	URE OF APPLICANT	st sign; if solo	e proprietorship, owner must sign.		
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