



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 **must** print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

REMINDER: Applicants should read the Initial License and Renewal [instructions](#) 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 [email](#), or by contacting the number listed on the application.

Scroll down to begin



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
BANKING BUREAU
PO Box 96378
Washington, D.C. 20090-6378

OFFICIAL USE
ONLY

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

IMPORTANT: This application is available on our website at www.disb.dc.gov in an interactive format. The form **CAN be COMPLETED** online but **CANNOT** be submitted electronically at this time. You **MUST** print out the completed form and follow the initial or renewal license instructions explicitly in the preparation and filing of this application. **The Initial and Renewal license instructions are an integral part of the application.** With the exception of signatures, all responses **must** be **typed** or **printed** 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 RETURNED TO THE APPLICANT TO BE COMPLETED AND RE-SUBMITTED.

SECTION 1 – LICENSE TYPE AND FEES: – Select One (1) ONLY and complete. Make check payable to the DC Treasurer.

MORTGAGE – Broker License

☐ New Broker License - \$1,100

☐ Renew Broker License - \$900

MORTGAGE – Lender License

☐ New Lender License - \$1,200

☐ Renew Lender License - \$1,000

MORTGAGE – Broker and Lender (Dual Authority License)

☐ New Dual Authority license - \$1,300

☐ Renew Dual Authority license - \$1,200

SECTION 2 – EXISTING LICENSEE BUSINESS INFORMATION

1.	APPLICANTS MAIN OFFICE LICENSE NUMBER – Not applicable if submitted with an Initial License Application _____		
	Full Legal Name of APPLICANT: _____		
	D/B/A, or Assumed name, if any: _____		
	FEIN or SS Number: _____		
	Applicant's MAIN office address: _____		
	City: _____	State: _____	Zip: _____
	Phone #: _____	Fax #: _____	Email Address: _____

SECTION 3 – ADDITIONAL OFFICE PROFILE

1.	ADDITIONAL OFFICE LICENSE NUMBER – Not applicable if submitted with an Initial License Application _____		
	Full Legal Name of Office to be Licensed or 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 Agent is required for any Applicant who is a non-resident of the District of Columbia. (Refer to the Certified Registered Agent Requirement in the Initial or Renewal instructions)		Official Books and Records will be kept at the following address: Is this a Company or Affiliate location? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title: _____		Name & Title: _____
	Street Address: _____		Street Address: _____
	City: WASHINGTON	State: DC	Zip Code: _____
	Phone #: () -	Fax: () -	Phone #: () -
	Email Address: _____		Email Address: _____
	Person authorized to respond to Regulatory and Compliance issues:		Person authorized to respond to Consumer Complaints :
	Name and Title: _____		Name and Title: _____
	Street Address: _____		Street Address: _____
	City: _____	State: _____	Zip Code: _____
	Phone #: () -	Fax: () -	Phone #: () -
	Email Address: _____		Email Address: _____

