

NMLS BRANCH FORM

The NMLS Branch Form is the universal licensing form used by companies and sole proprietors to apply for and maintain any non-depository, financial services license authority with a state agency participating on NMLS. Not all sections of the NMLS Company Form may apply to all companies. In accordance with state law, applicants may be required to have certain persons (e.g. Owners, Branch Managers, etc) complete an NMLS Individual Form to be submitted along with the NMLS Company Form.

*** ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH [NMLS](#) – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY**

1. Business Activities

Mortgage	Consumer Finance	Debt	Money Services
<input type="checkbox"/> Appraisal Management Services <input type="checkbox"/> Commercial Mortgage Brokering or Lending <input type="checkbox"/> Credit Insurance Services <input type="checkbox"/> First Mortgage Brokering <input type="checkbox"/> First Mortgage Lending <input type="checkbox"/> First Mortgage Servicing <input type="checkbox"/> Foreclosure Consulting/Foreclosure Rescue <input type="checkbox"/> High Cost Home Loans - Broker <input type="checkbox"/> High Cost Home Loans - Lender <input type="checkbox"/> Home Equity Lending/Lines of Credit -Broker <input type="checkbox"/> Home Equity Lending/Lines of Credit -Lender <input type="checkbox"/> Lead Generation <input type="checkbox"/> Manufactured Housing Financing - Broker <input type="checkbox"/> Manufactured Housing Financing – Lender <input type="checkbox"/> Master Servicing <input type="checkbox"/> Mortgage Loan Modifications <input type="checkbox"/> Mortgage Loan Purchasing <input type="checkbox"/> Reverse Mortgage Brokering <input type="checkbox"/> Reverse Mortgage Lending <input type="checkbox"/> Reverse Mortgage Servicing <input type="checkbox"/> Second Mortgage Brokering <input type="checkbox"/> Second Mortgage Lending <input type="checkbox"/> Short Sale <input type="checkbox"/> Subordinate Lien Mortgage Servicing <input type="checkbox"/> Third Party First Mortgage Servicing <input type="checkbox"/> Third party Mortgage Loan Processing <input type="checkbox"/> Third party Mortgage Loan Underwriting <input type="checkbox"/> Third Party Subordinate Lien Mortgage Servicing	<input type="checkbox"/> Accounting/Billing Servicing <input type="checkbox"/> Commercial Financing (Lending/Brokering) <input type="checkbox"/> Commercial Mortgage Servicing <input type="checkbox"/> Consumer Loan Brokering <input type="checkbox"/> Consumer Loan Lending <input type="checkbox"/> Consumer Loan Servicing <input type="checkbox"/> Consumer Reporting Agency <input type="checkbox"/> Earned Wage Access - Direct to Consumer <input type="checkbox"/> Earned Wage Access - Employer Integrated <input type="checkbox"/> Escrowing Agents <input type="checkbox"/> Non - Depository ATM Operation <input type="checkbox"/> Non- Private Student Loan Lending <input type="checkbox"/> Non- Private Student Loan Servicing <input type="checkbox"/> Pawn Brokering <input type="checkbox"/> Payday Lending Online <input type="checkbox"/> Payday Lending Storefront <input type="checkbox"/> Precious Metals Dealing <input type="checkbox"/> Premium Finance Company Activities <input type="checkbox"/> Prepaid Funeral Plan Providers <input type="checkbox"/> Private Student Loan Acquisition <input type="checkbox"/> Private Student Loan Lending <input type="checkbox"/> Private Student Loan Servicing <input type="checkbox"/> Property Assessed Clean Energy (PACE) Program Administrator <input type="checkbox"/> Property Tax Lending <input type="checkbox"/> Refund Anticipation Lending <input type="checkbox"/> Rent-to-Own <input type="checkbox"/> Retail Installment Selling <input type="checkbox"/> Sales Finance Company Activities - General <input type="checkbox"/> Sales Finance Company Activities - Motor Vehicles <input type="checkbox"/> Title Lending	<input type="checkbox"/> Active Debt Buying (undertakes direct collections on accounts) <input type="checkbox"/> Bi-weekly Payment Processing Services <input type="checkbox"/> Credit Repair <input type="checkbox"/> Debt Management/Credit Counseling <input type="checkbox"/> Debt Negotiation <input type="checkbox"/> Debt Settlement/Debt Adjuster <input type="checkbox"/> First Party Debt Collection <input type="checkbox"/> Judgment Recovery <input type="checkbox"/> Non-Mortgage Loan Modifications <input type="checkbox"/> Passive Debt Buying (does not include undertake direct collections on accounts) <input type="checkbox"/> Repossession Agency Activities <input type="checkbox"/> Repossession Agent Activities <input type="checkbox"/> Third Party Debt Collection	<input type="checkbox"/> Bill Paying <input type="checkbox"/> Check Cashing <input type="checkbox"/> Electronic Money Transmitting <input type="checkbox"/> Foreign Currency Dealing or Exchanging <input type="checkbox"/> Issuing and/or Selling Drafts <input type="checkbox"/> Issuing Money Orders <input type="checkbox"/> Issuing Prepaid Access/Stored Value <input type="checkbox"/> Issuing Traveler's Checks <input type="checkbox"/> Payroll Processing Services <input type="checkbox"/> Selling Money Orders <input type="checkbox"/> Selling Prepaid Access/Stored Value <input type="checkbox"/> Selling Traveler's Checks <input type="checkbox"/> Transporting Currency <input type="checkbox"/> Virtual Currency Exchanging and Trading Services

Select **all** business activities conducted by your company from the list below, including business activities for which a license request is being submitted or for which your company is not specifically seeking licensing authority. The definitions for these terms can be found in [Business Activities Definitions](#). Branch address, mailing address, if different, and branch office's telephone numbers:

(A) Main address (Do not use a PO Box):

Number & Street City State Country/Province Postal Code

(B) Mailing address: Same as above

PO Box or Number & Street City State Country/Province Postal Code

(C) Business phone, fax and email address:

() - ext () - _____
Business Phone Fax Line Email Address

3. Other Trade Names

All Other Trade Name used at this branch location (i.e. trade name, fictitious name, or "doing business as") must be identified below. Use additional sheets as necessary.

NOTE: Review state licensing requirements for rules and restrictions regarding other trade names. All other trade names identified below must also be added to your company record (NMLS Company Form).

Other Trade Names or "dba" used at this branch

State(s) where the Other Trade Name is used

Identify applicable industry:
 Mortgage; Debt; Consumer Finance
 Money Services

Other Trade Names or "dba" used at this branch

State(s) where the Other Trade Name is used

Identify applicable industry:
 Mortgage; Debt; Consumer Finance
 Money Services

Other Trade Names or "dba" used at this branch

State(s) where the Other Trade Name is used

Identify applicable industry:
 Mortgage; Debt; Consumer Finance
 Money Services

4. Branch Manager

A Branch Manager is required for each Branch Location. The Branch Manager will be required to complete the NMLS Individual Form. (Use additional sheets as necessary).

Name

NMLS ID No.

Identify applicable industry and list the State(s) where the Branch Manager is designated for the industry selected:

Mortgage -- _____

State(s) where the Branch Manager is designated

Debt -- _____

State(s) where the Branch Manager is designated

Consumer Finance -- _____

State(s) where the Branch Manager is designated

Money Services -- _____

State(s) where the Branch Manager is designated

5. Web Address

Provide the full web address(es) for the branch and any separate websites for other trade names identified in question 3 (if one exists).

(A) Website Address: _____

Is your company accepting applications or transacting business through this website? YES NO

(B) Website Address: _____

Is your company accepting applications or transacting business through this website? YES NO

(C) Website Address: _____

Is your company accepting applications or transacting business through this website? YES NO

6. Books and Records Information

Provide the information requested below for the records custodian maintaining records for this branch. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for this branch, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

_____	_____	_____		
Company	First Name	Last Name		
_____	_____	_____	_____	_____
Business Address (Do not provide PO Box)	City	State	Country/Province	Postal Code
() - ext _____	() - _____	_____		
Business Phone	Fax Line	Email Address		
Identify applicable industry:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Debt	<input type="checkbox"/> Consumer Finance	<input type="checkbox"/> Money Services
Identify the state(s) for which every listed record custodian maintains records for the company: _____				
Comments: _____				

7. Operation Information

(a).	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b).	Will this branch office have sole responsibility for decisions relating to individuals participating in financial-related services with respect to employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c).	Will this branch office have sole responsibility for decisions relating to individuals participating in financial-related services with respect to compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d).	Other than the entity, does anyone have responsibility for the expenses or have a financial ownership/liability interest in the activities of this branch? If answered yes, complete the following section for each person responsible for the expenses or with a financial ownership/liability interest.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Expense Information

Provide the following contact information about the party responsible for expenses or with a financial ownership/liability interest. Indicate whether or not the party maintains a financial services related license. In the Explanation provide the relevant details to the party's responsibility on expenses or financial ownership/liability interest. If no party other than the company is responsible for expenses of this branch, leave blank.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Business Address, City, State, Country/Province, Postal Code	Business Phone Number	Separately Licensed?		Explanation
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

EXECUTION: I, <<NAME>>, <<TITLE/POSITION>>, am employed by or am an officer or a control person of <<COMPANY>> (Applicant). Applicant agrees to and represents the following:

- (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 and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) To the extent any information submitted is part of an advance change notice with a delayed effective date, such information is accurate and complete as of this submission;
- (4) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the Applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (5) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (6) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly 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.

On this <<MM/DD/YYYY>>, I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information and belief.