



MORTGAGE LENDER NEW BRANCH APPLICATION

Date: _____ License no.: **ML** – _____

1. Name of mortgage lender licensee: _____
2. Name under which the branch conducts business, if different (assumed business name – ABN/DBA):

3. Date branch office opened: _____
4. Street address of branch office: _____
 City: _____ State: _____ ZIP: _____
5. Branch mailing address, if different: _____
 City: _____ State: _____ ZIP: _____
6. Phone: (____) _____ Ext.: _____ Toll-free phone: (____) _____
 Fax: (____) _____
 Web site: _____ E-mail: _____
7. Name of manager: _____

Other documents to be submitted:

- Transmittal cover letter signed by the owner, control person, or contact person on record.
- Surety bond rider with proper signatures:
 - Increased bond coverage by \$5,000 for each new branch to maximum of \$50,000, if applicable.
 - ABN/DBA used by new branch, if applicable.

The addition of a new assumed business name (ABN/DBA) requires a new filing with the business registry of the Oregon Secretary of State, Corporation Division. Refer to Web site, <http://www.filinginoregon.com/forms/index.htm>.

- Submit employment history of past 10 years for branch manager or regional supervisor.
- Section 6 – Loan originator information for loan originators operating at this location.
- A new branch application fee in the amount of \$247.50.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	(____) _____ Phone
Credit-card number		Expiration date
Name of cardholder as shown on credit card		
Cardholder signature		\$ _____ Amount

Make check or money order payable to Oregon Dept. of Consumer & Business Services. If paying by credit card, applicant must sign credit-card information box.

Mail application with payment to:

DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

Fiscal use only: 61240/1001





SECTION 6 – LOAN ORIGINATOR INFORMATION

This form is available online at www.oregonimla.org and may be used for additions, modifications, and terminations. The online version of this form may be submitted electronically; it does not need to be mailed or faxed. To obtain a PIN for your firm, please contact mortgage lending support staff, (503) 378-4140, to request one.

This section is to be completed for each loan originator. Copy this form as needed. Loan originator's Social Security number is optional if you provide a complete, detailed physical description of the loan originator, including height, weight, eye and hair color, and a description of physical characteristics such as birthmarks and tattoos.

Employer name: _____ License no.: _____

Operates out of branch located at: _____

City: _____ State: _____ ZIP: _____

LOAN ORIGINATOR

Name: _____

Date began originating Oregon loans for this employer: _____

Loan originator start date (*date originator started Oregon loans*): _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ E-mail address: _____

Social Security number: _____ - _____ - _____ Date of birth: _____

OWNER/CONTROL PERSON CERTIFICATION

	Yes	No
Does the originator work as a loan originator for any other company?	<input type="checkbox"/>	<input type="checkbox"/>
Has the originator failed to meet any initial or continuing-education and test requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Has the originator engaged in any activity prohibited by Oregon mortgage lender law?	<input type="checkbox"/>	<input type="checkbox"/>
Has a criminal-records check been conducted?	<input type="checkbox"/>	<input type="checkbox"/>

Employer's notification requirements (OAR 441-880-0030(2)): Within 30 days of a person starting to function as a loan originator or ending function as a loan originator, the employer must notify the director by amending its licensee application in a form approved by the director.

The following section must be signed by a duly authorized key officer, member, partner, or owner of the mortgage banker or mortgage broker.

I certify that the information provided on this page is current, accurate, and complete.

Signed: _____ Title: _____ Date: _____