



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 <input type="checkbox"/> New Broker License - \$1,100 <input type="checkbox"/> Renew Broker License - \$900	MORTGAGE – Lender License <input type="checkbox"/> New Lender License - \$1,200 <input type="checkbox"/> Renew Lender License - \$1,000	MORTGAGE – Broker and Lender (Dual Authority License) <input type="checkbox"/> New Dual Authority license - \$1,300 <input type="checkbox"/> Renew Dual Authority license - \$1,200
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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? Yes No

Name & Title: _____	Name & Title: _____
Street Address: _____	Street Address: _____
City: WASHINGTON State: DC Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone #: () - _____ Fax: () - _____	Phone #: () - _____ Fax: () - _____
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: _____	City: _____ State: _____ Zip Code: _____
Phone #: () - _____ Fax: () - _____	Phone #: () - _____ Fax: () - _____
Email Address: _____	Email Address: _____

3. **Contact Person regarding this application:**

Name and Title:

Address:

City: _____ State: _____ Zip Code: _____

Phone #: () - _____ Fax #: () - _____ Email Address: _____

4. Does the applicant or any of its affiliates conduct Mortgage Brokering, Lending, or Servicing business in any state that does not require a license? Yes No If "yes", provide a list of the state(s), types of activity, and business addresses on a separate sheet of paper.

SECTION 4 – MORTGAGE LENDER/ BROKER ACTIVITY REPORT

1. **Type of mortgage activity to be conducted by the applicant:** (Check all that apply) Lending Brokering Servicing
Mortgage Lender/Broker applicants **MUST** complete this report.

	Current Year: <u>200</u> Month <u>200</u> to Month <u>200</u> (If applicable)	Prior Year: <u>200</u> (If applicable)	Two Years Previous: <u>200</u> (If applicable)
Aggregate total of District of 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:	\$	\$	\$
NUMBER	#		

APPLICATION AFFIDAVIT, ACKNOWLEDGEMENT, AND SIGNATURE OF APPLICANT

NOTE: If a corporation/LLC, President and one officer must sign; if a partnership, at least two partners must sign; if sole proprietorship, owner must sign.

"I/WE HEREBY SWEAR AND AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND ATTACHMENTS HERETO ARE TRUE CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. FURTHER, THE PROVISIONS OF THE DISTRICT OF COLUMBIA FOR WHICH THE APPLICANT IS APPLYING, HAVE BEEN REVIEWED BY THE PRINCIPALS OF THE APPLICANT AS LISTED HEREIN AND ALL EMPLOYEES OF THE APPLICANT WILL BE MADE AWARE OF SUCH LAWS AND REGULATIONS AND CHANGES ENACTED HEREAFTER. IT IS THE PURPOSE OF THIS APPLICATION TO PERMIT THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, ITS OFFICIALS, AND EXAMINERS TO GRANT A LICENSE TO ENGAGE IN THE BUSINESS INDICATED HEREIN AND ANY FALSE STATEMENT OR OMISSION OF MATERIAL INFORMATION IN CONNECTION WITH THIS APPLICATION SHALL BE PUNISHABLE AS PROVIDED BY LAW, AND MAY RESULT IN THE DENIAL OF THE LICENSE APPLICATION OR POSSIBLE REVOCATION OF ANY LICENSE GRANTED BY THE DEPARTMENT OF INSURANCE, SECURITIES AND BANKING AND COULD RESULT IN LEGAL ACTION INITIATED AGAINST THE APPLICANT."

Personally appeared

1. _____ Signature _____
(Print Name and Title)

2. _____ Signature _____
(Print Name and Title)

and acknowledged this instrument in the STATE OF _____ }
COUNTY OF _____

On this _____ day of _____, 20 _____,

(Notary Public) or (Commissioner of Superior Court)

(Commission Expiration Date)

Original Seal or Stamp Must be affixed
(SEAL)