



New Application Checklist Jurisdiction-Specific Requirements



ARIZONA MORTGAGE BROKER LICENSE

INSTRUCTIONS

1. **YOU MUST PROVIDE YOUR NMLS UNIQUE ID # AND ENTITY LICENSE NAME OR YOUR APPLICATION COULD BE DELAYED.**
2. Your Home/Main/Corporate Office will be used on the MU1 form. If your Home/Main/Corporate office is not located in Arizona, then you must also submit an MU3 form for your Arizona Principal Location. Arizona requires the licensee to designate and maintain a principal place of business in this state to transact business. (A.R.S. 6-904(H)).
3. Each branch location, wherever located, desiring to conduct business under this license authority must be separately authorized and will require a filing of Form MU3 through NMLS. See Mortgage Broker New Branch License Checklist.
4. All locations licensed with AzDFI where the licensee conducts business with consumers, shall designate a manager for each branch office to oversee that office. A person may be designated as the manager for more than one branch.
5. The Responsible Individual (Qualifying Individual on the MU1 form) must be disclosed in the 'Qualified Individual' section of Form MU1. The 'Resident/Registered Agent' section of Form MU1 could also be the same as the Responsible (Qualified) Individual.
6. Mortgage Brokers who have more than one trade name, fictitious name or dba must list them all on the MU1 form. In Arizona you must have a separate mortgage broker's license for each trade name, fictitious name, or dba.
7. **Financial Statements should be submitted through the Filing Tab in NMLS prior to the submission of your Form MU1 filing.** For additional help, see the Financial Statement Information page and quick guide posted on the NMLS website here;
http://www.stateregulatoryregistry.org/AM/Template.cfm?Section=Financial_Statements

Review the information requested under the "[Biographical](#) and [Company](#) Financial Statements". These documents would encompass what is required in the PDF document you file through NMLS.

8. The AzDFI Application Fee plus the NMLS processing fee is: \$900.00.
9. All fees that are collected through the NMLS ARE NOT REFUNDABLE.
10. AzDFI licensing department will review the filing and all required documents and then communicate with you through NMLS. To review your status in NMLS, click the Tasks tab and click Work List.
11. Jurisdiction-specific requirements as identified on the checklist below must be received with this checklist within 5 business days of the electronic submission of your application through the NMLS at the following:

For U.S. Postal Service:

Arizona Department of Financial Institutions
Licensing Department
2910 N. 44th Street Suite 310
Phoenix, AZ 85018

For Overnight Delivery:

Arizona Department of Financial Institutions
Licensing Department
2910 N. 44th Street Suite 310
Phoenix, AZ 85018

NMLS Unique ID Number: _____ (REQUIRED)

Applicant Legal Name: _____ (REQUIRED)

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<u>MORTGAGE BROKER COURSE AND TEST:</u> The “responsible individual” for a mortgage broker’s license must take 24 hours of pre-licensing courses and pass the mortgage broker’s test. For information regarding educational providers and test schedule, please go to www.azdfi.gov/Licensing/Intro.htm
<input type="checkbox"/>	<input type="checkbox"/>	<u>REQUIRED ARIZONA LOCATION.</u> Designate the business address of your Arizona Principal Place of Business on the form supplied below. {A.R.S. Section 6-904(H)}
<input type="checkbox"/>	<input type="checkbox"/>	<u>RESPONSIBLE INDIVIDUAL.</u> Please read requirements below. Answer question and provide documentation requested.
<input type="checkbox"/>	<input type="checkbox"/>	<u>RESPONSIBLE INDIVIDUAL CONCURRENT EMPLOYMENT.</u> Please fill out form below if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<u>DBA NAMES.</u> Contact the Secretary of State. To do business under a “DBA” or a “trade name”, you must register your DBA or trade name. You must submit an approved copy of your certificate of trade name registration with your application. You are allowed to do business in Arizona under one name only. This means you can not use your legal name if you choose a DBA name. Each DBA name in Arizona requires a separate main license.
<input type="checkbox"/>	<input type="checkbox"/>	<u>RECORDS.</u> See information below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>SECRETARY OF STATE DOCUMENTATION.</u> A certified copy of: <ul style="list-style-type: none"> • The Corporate Charter or Articles of Incorporation (if a corporation), or • The Articles of Organization and Operating Agreement (if a Limited Liability Company), or • The Partnership Agreement (if a partnership of any form)
<input type="checkbox"/>	<input type="checkbox"/>	<u>FEES.</u> See requirements below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>BOND / OTHER SECURITY REQUIREMENTS.</u> See requirements below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>CERTIFICATE OF GOOD STANDING.</u> See information below.
<input type="checkbox"/>	<input type="checkbox"/>	If the applicant was organized or formed outside of Arizona, please submit certified proof of authorization to do business in this state from the Arizona Corporation Commission.
<input type="checkbox"/>	<input type="checkbox"/>	<u>LICENSES ISSUED.</u> List all licenses held or were held by owners, partners, members, officers, or the responsible individual.
<input type="checkbox"/>	<input type="checkbox"/>	<u>BIOGRAPHICAL STATEMENT & CONSENT FORM.</u> Fill out Forms below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>COMPANY FINANCIAL STATEMENT.</u> Fill out Forms below.
<input type="checkbox"/>	<input type="checkbox"/>	<u>ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS.</u> This form only needs to be completed by those licensee’s that are sole proprietors. Each sole proprietor must complete and return with their submission.

<input type="checkbox"/>	<input type="checkbox"/>	<p><u>COPY OF LEASE AGREEMENT.</u> <input type="checkbox"/> Leased/Rented <input type="checkbox"/> Owned</p> <p>If office is leased/rented then please provide a copy of the lease agreement. If office is subleased, then also provide a copy of the original lease/rental agreement and sublease.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>FINGERPRINT CARDS.</u> For each control person, provide two fingerprint cards. Fingerprint Card processing fees are \$24 per person, the total amount of Fingerprint Card fees must be on a separate check from all other fees and must be accompanied (at the same time) by the exact number of control persons that match the fee amount being submitted.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>DISCLOSURE QUESTIONS.</u> Provide complete written details of all events or proceedings for any "Yes" answer to any of the Disclosure questions for the company or any Control Person. Include copies of supporting documentation, such as administrative orders, civil and/or criminal legal (pending charges, convictions, or dismissals).</p> <p><input type="checkbox"/> I have previously filed acceptable information to the Agency/Division in response to these questions, and NO NEW DISCLOSURE IS BEING MADE.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>AFFIDAVIT.</u> This form must be filled out and signed by an Officer on file with AzDFI.</p>

WHO TO CONTACT – Contact Arizona Department of Financial Institutions licensing staff by phone at 602-771-2800 or send your questions via e-mail to licensing@azdfi.gov for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE JURISDICTION SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.



ARIZONA
Department of Financial Institutions

2910 N. 44th Street | Suite 310 | Phoenix, AZ 85018
Ph: 602-771-2800 | Fx: 602-381-1225 | www.azdfi.gov

Certification of Principal Place of Business in Arizona

Certification by Applicant

I hereby certify that the below listed address will be my principal location of business in Arizona

Physical Address: _____

Mailing Address: _____

Note: A principal place of business is defined by the Arizona Revised Statute ("A.R.S.") Section 6-904, 6-944, & 6-979. Every licensed mortgage broker, mortgage banker, or commercial mortgage banker shall designate and maintain a principal place of business in this state for the transaction of business. The license shall specify the address of the licensee's principal place of business. The address listed above must be a licensed location in the State of Arizona.

REQUIREMENTS FOR THE RESPONSIBLE INDIVIDUAL

It is the applicant's responsibility to provide a qualified responsible individual ("RI") for this position. The RI must:

- A. Be a resident of this state and shall be in active management of the activities of the licensee in this state during the entire period of designation as the RI on the license.
- B. W2 employee of the company (an employee **does not include** an independent contractor).
- C. Provide original letters from current and past employers verifying job experience and period of time serving in this capacity. Verifications must be on that Company's Letterhead. This verification must provide job description in terminology consistent with the equivalent and related experience outlined in the Arizona Revised Statutes and dates month/day/year of employment in that qualifying capacity. Do not send W2's, resumes, personal references or education as proof of job experience.
- D. Be a person of stability as indicated by their credit report and employment history.
- E. List on form below all the licensees he/she is currently an RI or employee/sub-contractor with. This list must be accompanied by the completed Concurrent Employment form.
- F. Have not less than three years' experience as a mortgage broker, or equivalent lending experience in a related business during the five years immediately preceding the time of application.
- G. Have satisfactorily completed a course of study approved by the superintendent during the three years immediately preceding the time of application.
- H. Have passed a mortgage broker's test, pursuant to section 6-908, not more than one year before the granting of the license.
- I. Please provide a copy of the RI's Arizona State Drivers License

Is the RI a full time Arizona resident? Yes No If no, a letter of explanation must be attached.



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**RESPONSIBLE INDIVIDUAL
CONCURRENT EMPLOYER FORM**

This form must be completed and signed by an officer on file with AzDFI for each concurrent employer.

If you add an employer, you must also send and get signature for all current employers so they have a record of the new employer for their files.

The undersigned applicant/licensee acknowledges that the person listed below as proposed responsible individual is concurrently employed in that capacity by other licensees. See attached list of concurrent employers. This document serves as written approval of the proposed responsible individual’s concurrent employment pursuant to A.R.S. Sections 6–909(H), 6–947(H) and 6–984(G), as applicable.

Proposed responsible individual must attach a list of all concurrent employers.

Signature of Proposed Responsible Individual

Date

Print Name of Proposed Responsible Individual

The following must be executed by an owner or officer the applicant/licensee.

Signature of Applicant or Licensee

Date

Print Name of Applicant or Licensee

Title

(LIST CONCURRENT EMPLOYERS ON NEXT PAGE)



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LIST OF CONCURRENT EMPLOYERS
(COPY PAGE IF YOU HAVE MORE EMPLOYERS)

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____

NMLS #: _____ AzDFI LICENSE #: _____

LICENSEE NAME: _____

LICENSEE ADDRESS, CITY, STATE: _____



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RECORDS

Will records be kept on a computer or mechanical record keeping system? Yes No
Please read {A.A.C. R20-4-917(A)} for computer or mechanical record keeping requirements.

FEES

The Applicant needs to provide the total number of loans and dollar volume of mortgage loans made or negotiated in the calendar year (January 1 through December 31).
{See A.R.S. Section 6-126 (C (6))}

Number of Loans in all States where licensed: _____

Dollar Volume of loans in all States where licensed: _____

The Non-Refundable AzDFI Application Fee is \$800.00. AzDFI does have a licensing fee. Just before your new application is approved, you will be invoiced for the licensing fee amount. The license will not be issued until this amount is paid. There is an initial NMLS processing fee of \$100.00 for each company record for each state. The \$100 NMLS processing fee is charged annually. The total minimum fee collected thru the NMLS is \$900.00.

BOND / OTHER SECURITY AMOUNT REQUIREMENTS

All mortgage brokers must carry a bond, or Certificates of deposit (CD), or investment certificates. The CD or Investment Certificate would be payable or assigned to the state treasurer. (See A.R.S. Section 6-903(H)(I)(J)(K)(L) for details)

Do you have a: **Bond** **CD?**

a) Do you use any investors that are not institutional investors? **Yes** **No**
If No, you must carry a bond/CD amount of ten thousand dollars. **If Yes,** the bond/CD required shall be fifteen thousand dollars. {A.R.S. Section 6- 903(H)(J)}

b) Are you carrying the appropriate bond/CD coverage? **Yes** **No**
How much? \$ _____

MORTGAGE SURETY BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____

_____, as Principal, and _____, a Corporation, qualified and

authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of \$ _____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a/an:

• MUST CHECK ONE LICENSE TYPE ONLY

- Commercial Mortgage Banker within the meaning of Title 6, Chapter 9, Article Three, Arizona Revised Statutes
- Mortgage Banker within the meaning of Title 6, Chapter 9, Article Two, Arizona Revised Statutes
- Mortgage Broker within the meaning of Title 6, Chapter 9, Article One, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title, Chapter and Article of the Arizona Revised Statutes (as checked above), and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days (sixty days for Collection Agency) written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____

Surety Company Name

Print or Type Name of Principal Officer

Signature of Principal Officer Above

COUNTERSIGNED:
(if applicable)

Print or Type Name of Surety Company Agent

By: _____
Arizona Surety Resident Agent

Signature of Surety Company Agent Above



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CERTIFICATE OF GOOD STANDING

Certificate of Good Standing dated not more than 60 days prior to the filing of an application thru NMLS.

NOTE: These certificates are not required if you are licensed as a sole proprietor or partnership.

Have you enclosed a copy of the current “Certificate of Good Standing from the Arizona Corporation Commission? Corporations, LLC’s, LC’s, LTD’s must comply. Yes No

Have you enclosed a copy of the current “Certificate of Good Standing from your incorporated or organized state? Yes No

CURRENT/PREVIOUS AZDFI LICENSED HELD

List any Arizona licenses (person, company name & license number) issued by this Department that are held or have been held as owners, partners, members, officers, or responsible individual; by the persons named in schedule A and B, if any, and the capacity of the interests.

Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:
Individual Name:	Capacity:	Company Name:	AzDFI License #:

Attach separate sheet if necessary

Individual NMLS ID # _____ Company NMLS ID #	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER
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This Form MUST be completed by the:	Responsible Individual
	Officers
	Owners (Each individual identified on Schedule A and B of the MU1 form)

OWNERS - Financial Responsibility	Must Also Attach the Personal Financial Statement Form
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A. Family: Identify all family members including children and siblings.

Relationship	Father	Name:		
Address		City :	State:	Zip:
Relationship	Mother	Name:		
Address		City :	State:	Zip:
Relationship	Spouse	Name: First and Maiden Name		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:
Relationship		Name:		
Address		City :	State:	Zip:

Attach additional pages if necessary.

C. Attachments:

1. **Attach a written detailed summary of your mortgage experience and period of time serving in this capacity.**
2. **Attach a detailed written explanation for any and all past or current derogatory credit. Your credit will be pulled and reviewed in conjunction with this BSC submission and a written explanation for each derogatory item found is required.**
3. **You must attach a LEGIBLE copy of your driver’s license.**

Individual NMLS ID # _____	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement To Be Completed by any person who directly or indirectly controls more than 20% of the applicant.
Company NMLS ID # _____	

Do not use for business statement. Legibly print or type all information.

There must be an answer provided for each question. Therefore, if not applicable use “None” or “N/A.” Schedules, details and descriptions must be completed in space provided and by attachments if necessary. Describe any unusual assets or liabilities.

Name: _____		Financial Condition As Of: _____	
Address: _____		City: _____	State: _____ Zip: _____
Occupation: _____	Customer at what financial institution: _____		

TOTAL ASSETS MUST EQUAL TOTAL LIABILITIES AND NET WORTH.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank	\$	Notes Payable to Bank	\$
Cash in other Banks (detail)	\$	Notes payable to Other Banks (detail)	\$
Ordinary Accounts receivable – Good	\$	Ordinary Accounts Payable	\$
Due from Friends and Relatives (describe)	\$	Due to Friends & Relatives (describe)	\$
Notes Receivable - Good (Sched 1)	\$	Notes Payable to Others (describe)	\$
Mortgages Owned (Sched 1)	\$	Automobile Loans or Leases	\$
Readily Marketable Securities (Sched 4)	\$		
Other Securities (Sched 4)	\$	Due to Brokers	\$
Cash Surrender Value of Life Insurance (Sched 5)	\$	Loans on Life Insurance (Sched 5)	\$
Real Estate & Buildings (Sched 2)	\$	Mortgages or Liens on Real Estate (Sched 3)	\$
Automobiles	\$	Installment Loans	\$
Personal Property	\$	Income Taxes Payable	\$
Other Assets (describe)	\$	Other Taxes Payable	\$
		Other Liabilities (describe)	\$
		Credit Cards	\$
		TOTAL LIABILITIES	\$
		NET WORTH (Assets Minus Liabilities)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES and Net Worth	\$

Approximate annual income and expense
(Exclusive of ordinary living expenses)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____	\$	Insurance Premiums	\$
Income from Securities	\$	Rent or Mortgage Payments	\$
Real Estate Rental	\$	Income Taxes (for year _____)	\$
Net Income form Business or Profession	\$	Other Taxes	\$
Other (Alimony, child support or separate maint.)	\$	Other (Include alimony, child support or	\$
		separate maintenance payments if you are	\$
		obligated to make them.	\$
TOTAL INCOME	\$	TOTAL	\$

1. Are the above evaluations on receivable conservative? Yes No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? Yes No (If yes, itemize by debt and security)
3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? Yes No (If yes, explain)
4. Do you do business with any other bank? Yes No (If yes, nature of business)

Individual NMLS ID # Company NMLS ID #	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement To Be Completed by any person who directly or indirectly controls more than 20% of the applicant.
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5. If you are married are any of the above assets your spouse’s separate property? Yes No (If yes, itemize)
-
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? Yes No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? Yes No (If yes, explain by separate letter)
8. Have you made a will? Yes No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - notes and mortgages owned			
Describe here or on separate sheet any important or unusual receivables.			
Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)
	\$		
	\$		
	\$		
	\$		
	\$		

Schedule 2 – real estate and buildings							
Please give details of encumbrances on Schedule 3 opposite proper parcel number.							
Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1		\$		\$		\$	\$
No. #2		\$		\$		\$	\$
No. #3		\$		\$		\$	\$
No. #4		\$		\$		\$	\$
No. #5		\$		\$		\$	\$

What is the basis for the above valuations? (State whether cost, fair market value today or other basis)

Are there any properties held on joint tenancy? Yes No Parcel numbers

Schedule 3 - real estate encumbrances							
Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.	
No. #1	\$				\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. #2	\$				\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. #3	\$				\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. #4	\$				\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No. #5	\$				\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If any payments of principal or interest are delinquent please give details.

Are any taxes delinquent? Yes No
(If yes, give amount and details)

Are there any unrecorded deeds, liens or other claims not shown above?

Individual NMLS ID # _____ Company NMLS ID # _____	BIOGRAPHICAL STATEMENT & CONSENT FORM (“BSC”) COMMERCIAL & MORTGAGE BANKER (LENDER)/MORTGAGE BROKER Personal Financial Statement To Be Completed by any person who directly or indirectly controls more than 20% of the applicant.
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Schedule 4 - securities owned Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

In whose name are the above securities held? _____
 If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 – Insurance			
Public liability on autos		Property Damage on Autos	\$

Life Insurance				
Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (PROVIDE ALL INFORMATION BELOW)

My direct telephone number is: _____ My fax # is: _____
 Date: _____ Title: _____
 Print Name: _____ Signature: _____

UNIFORM MORTGAGE BROKER FORM
Company Financial Statement

Company Name:	
If applicable DBA name:	NMLS #:
Financial Conditions At Close Of Business On:	

Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____	Non-Current Portion of Equipment Contracts	
Machinery - Equipment - Fixtures	\$ _____	and Chattel Mortgages	\$ _____
Less: Reserve for Depreciation	\$ _____	Other Non-Current Debt (describe):	\$ _____
Automobiles and Trucks	\$ _____		
Less: Reserve for Depreciation	\$ _____		
		TOTAL LIABILITIES	\$ _____
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	Other Reserves (describe):	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

UNIFORM MORTGAGE BROKER FORM
Company Financial Statement Continued

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold As Guarantor or Endorser for For Merchandise Consigned by Suppliers
 \$ _____
 \$ _____
 \$ _____
 Otherwise (describe) Are any book accounts sold or assigned? Yes No
 Amount \$ _____
 To whom? _____
 With Recourse? Yes No

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes No

Are any assets pledged or any debts secured except as indicated? Yes No If so, please itemize by debt and security.

COMMITMENTS:

Approximate Purchase Commitments \$ _____
 Approximate Unfilled Orders on Hand \$ _____
 Describe any other unusual commitments _____

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Yes No
 Explain _____

OPERATING RECORD FROM (DATE) TO (DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$ _____
 Cost of Goods Sold \$ _____
 Gross Profit \$ _____
 Selling Expense \$ _____
 Administrative Expense \$ _____
 General Expense \$ _____
 Total Operating Expense \$ _____
 Operating Profit \$ _____
 Other Income \$ _____
 Total Income \$ _____
 Other Deductions \$ _____
 Federal & State Income Tax \$ _____
 Total Deductions \$ _____
 Net Profit \$ _____
 Total Depreciation and Amortization included in above statement \$ _____
 Deductions for Bad Accounts included in above statement \$ _____
 Salaries to Executive Officers included in above statement \$ _____

Reconciliation of Surplus:
 Surplus at beginning of period \$ _____
 Net Profit \$ _____
 *Surplus Credits \$ _____
 Total \$ _____
 Dividends Paid \$ _____
 *Surplus Debits \$ _____
 Surplus as of this statement date \$ _____

*If Surplus Adjustments involve important transactions please give details below:

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan \$	Feb \$	Mar \$
April \$	May \$	June \$
July \$	Aug \$	Sept \$
Oct \$	Nov \$	Dec \$

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

UNIFORM MORTGAGE BROKER FORM
Company Financial Statement Continued

RENTAL: Does company rent? Yes No
 Present monthly rental paid \$
 Date of expiration of lease

CORPORATE INFORMATION: Under laws of what state are you incorporated or organized?
 Are you authorized to do business in Arizona? Yes No
 Have all other legal requirements been met? Yes No

No. of authorized common shares Outstanding Par value \$ \$

SCHEDULE 1 - OFFICERS, DIRECTORS, PRINCIPAL STOCKHOLDERS AND MEMBERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

SCHEDULE 2 – SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly Div.
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	
\$		\$		\$		\$	

SCHEDULE 3 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 4 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1		\$		\$	\$	\$	\$
No. 2		\$		\$	\$	\$	\$
No. 3		\$		\$	\$	\$	\$
No. 4		\$		\$	\$	\$	\$
No. 5		\$		\$	\$	\$	\$

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? _ If so, please give amount and details _____

SCHEDULE 4 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above	\$					
#2 above	\$					
#3 above	\$					
#4 above	\$					
#5 above	\$					

*If any payments of principal or interest are delinquent, please give details
 foreclosure been instituted? Details

UNIFORM MORTGAGE BROKER FORM
Company Financial Statement Continued

SCHEDULE 5 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments			Inter-company Accounts		
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.
				\$		
				\$		
				\$		

SCHEDULE 6 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement.

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (BELOW MUST BE COMPLETED)

My direct telephone number is: _____ and my fax # is: _____

Print Name: _____ Title: _____ Date: _____

Signature: _____



ARIZONA
Department of Financial Institutions

2910 N. 44th Street | Suite 310 | Phoenix, AZ 85018
Ph: 602-771-2800 | Fx: 602-381-1225 | www.azdfi.gov

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License
Arizona Department of Financial Institutions

**FOR SOLE PROPRIETORSHIPS ONLY (DO NOT FILL OUT IF
ENTITY IS A CORPORATION, LLC, PARTNERSHIP, OR LTD)**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) Yes No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: _____.

“Qualified Alien” Status (8 U.S.C.§§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C.§ 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C.§ 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C.§ 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C.§ 1621(a).

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT’S SIGNATURE

TODAY’S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and

place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;

- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA



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Affidavit – Must be Signed by an Officer and Notarized

STATE OF _____

COUNTY OF _____

I _____ being duly sworn, depose and say that I have signed the
print officer's name

foregoing application as _____ of the above named applicant, having full authority to
print officer's title

sign such jurisdiction forms in said capacity; that I have read said jurisdiction forms and that the information contained therein is true.

(Date)

(Officer's Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____