



New Application Checklist Jurisdiction-Specific Requirements



WASHINGTON MORTGAGE BROKER LICENSE

Instructions

1. Each branch location desiring to conduct business under this license authority must be separately authorized and will require a filing of Form MU3 through the NMLS.
2. Each individual originating mortgages, according to Washington State statute, needs to be separately authorized and will require a filing of Form MU4 through the NMLS.
3. A Resident/Registered Agent is not required for Mortgage Broker licensees who maintain a licensed location in Washington. If the applicant is applying for an office in Washington, the proposed location may be disclosed in the Resident/Registered Agent section of Form MU1.
4. Mortgage Broker licensees must appoint a Designated Broker. This person must be listed in the Qualifying Individual section for Form MU1. The person must also complete a MU4 filing in the NMLS and submit the items listed on the Designated Broker License checklist. Lastly, the company must submit a Sponsorship Request in the NMLS for the Designated Broker's license.
5. If the company's website address does not match the company's corporate name or any trade name, it must be listed in the "Other Business Name" section of Form MU1 and it must be listed as a trade name on the company's surety bond.
6. You are responsible for reviewing the Washington Mortgage Broker Practices Act (RCW 19.146) and accompanying rules (WAC 208-660) to ensure familiarity and compliance. You'll find these documents linked online at <http://www.dfi.wa.gov/cs/mortgage.htm>
7. Total Mortgage Broker license costs: \$1,001 including the NMLS processing fee.
8. All fees are collected through the NMLS and ARE NOT REFUNDABLE through the NMLS.
9. 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:

Department of Financial Institutions
Division of Consumer Services
PO Box 41200
Olympia WA 98504-1200

For Overnight Delivery:

Department of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater WA 98501

WHO TO CONTACT – Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to DCS@dfi.wa.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 FACILITE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	WASHINGTON MORTGAGE BROKER LICENSE ITEM												
<input type="checkbox"/>		<p>SURETY BOND. Provide an original Mortgage Broker surety bond furnished by a surety company authorized to conduct business in Washington. The name of the principal insured on the bond must match exactly the Full Legal Name of applicant. Your trade name(s) (“dba”) must also be listed on the bond. See RCW 19.146.205 and WAC 208-660-175 for details. Use the table below to determine bond amount.</p> <table border="1" data-bbox="573 646 1360 867"> <thead> <tr> <th>Annual Average Number of Loan Originators</th> <th>Minimum Required Bond Amount</th> </tr> </thead> <tbody> <tr> <td>Up to 3</td> <td>\$20,000</td> </tr> <tr> <td>More than 3, up to 6</td> <td>\$30,000</td> </tr> <tr> <td>More than 6, up to 9</td> <td>\$40,000</td> </tr> <tr> <td>More than 9, up to 15</td> <td>\$50,000</td> </tr> <tr> <td>16 or more</td> <td>\$60,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Send the “<i>Surety Bond with W-2</i>” if all of your loan originators are employees. • Send the “<i>Surety Bond with 1099</i>” if any of your loan originators are (or will be) independent contractors. <p>NOTE: If your company held a WA Mortgage Broker license in 2008 and your surety bond is still in effect, please obtain a letter from your bonding company which states the bond is still in effect.</p>	Annual Average Number of Loan Originators	Minimum Required Bond Amount	Up to 3	\$20,000	More than 3, up to 6	\$30,000	More than 6, up to 9	\$40,000	More than 9, up to 15	\$50,000	16 or more	\$60,000
Annual Average Number of Loan Originators	Minimum Required Bond Amount													
Up to 3	\$20,000													
More than 3, up to 6	\$30,000													
More than 6, up to 9	\$40,000													
More than 9, up to 15	\$50,000													
16 or more	\$60,000													
<input type="checkbox"/>		<p>TRUST ACCOUNTING. Carefully review RCW 19.146.050 and WAC 208-660-410 before sending one of these forms:</p> <ul style="list-style-type: none"> • Use the “<i>Certificate of Compliance and Authorization to Examine Trust Accounts</i>” form to report each trust account you will use with WA loans. The trust account(s) must be located at a federally insured depository institution (bank or credit union) in Washington State. You will complete the top portion of the form, have the bank complete the bottom portion and the bank will notarize it. <ul style="list-style-type: none"> ○ You may not deposit your own funds into the trust account, not even to open the account. The trust account should be a non-interest-bearing account. Bank charges for maintenance of the trust account (eg: monthly service fees, check printing fees, etc) should be withdrawn from your general operations account, not from the trust account. ○ If your bank won’t open a zero-balance trust account, provide a statement on your letterhead indicating that no deposits have been or will be accepted from borrowers until a license is issued. After your license is issued, and upon receipt of any customer funds, you must immediately establish a trust account and forward the <i>Certificate of Compliance and Authorization to Examine Trust Accounts</i> form to the DFI. • Use the “<i>Alternative Certificate of Compliance</i>” form if you intend NEVER (not even reimbursement at closing) to accept monies on behalf of borrowers for the payment of third party service providers. 												

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	WASHINGTON MORTGAGE BROKER LICENSE ITEM
<input type="checkbox"/>		<p>Provide your Washington State unified business identifier (UBI) number here:</p> <hr/> <p>MASTER BUSINESS LICENSE. Your company must obtain a Master Business License issued by the Washington Department of Licensing http://www.dol.wa.gov You must register trade names (“dba”) on your Master Business License as well. You’ll find your UBI number on the Master Business License.</p> <p>SECRETARY OF STATE AUTHORITY. If your company is not a sole proprietorship, you must register the company with the Washington Office of the Secretary of State http://www.secstate.wa.gov</p>
<input type="checkbox"/>		<p>ROSTER OF PERSONNEL. On your letterhead, provide a list of all personnel, by location. Include each individual’s name, position or title, and indicate if the person is an employee (receives a W-2) or is an independent contractor (receives a 1099). At a minimum, your Designated Broker should appear on this roster.</p>
<input type="checkbox"/>		<p>FINGERPRINT CARD. For each control person, provide a fingerprint card on the “Applicant” format offered by the Federal Bureau of Investigations (FBI). See attached instructions for completing the card properly.</p> <p>NOTE: If your company held a WA Mortgage Broker license in 2008 which wasn’t renewed, you may need to submit a new fingerprint card for each control person. Please contact DFI at (360) 902-8703 to determine if fingerprint cards are needed.</p>
<input type="checkbox"/>		<p>DESIGNATED BROKER. In your MU1 filing, identify your Designated Broker for WA in the Qualifying Individual section. Submit the MU4 filing for your Designated Broker and your Sponsorship Request for his/her license when you submit the company’s MU1 filing. Include the attachments for your Designated Broker in the same mailing with these company attachments.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>DISCLOSURE QUESTIONS. On your letterhead, provide complete details of all events or proceedings for any “Yes” answer to any of the Disclosure questions for the company or any Control Person. Details should include but are not limited to: court or jurisdiction, charge or complaint, case number, current status, last action date, next action date (if unresolved), etc.</p>

**SURETY BOND TO OPERATE
MORTGAGE BROKER BUSINESS WITH INDEPENDENT CONTRACTORS**

KNOW ALL PERSONS BY THESE PRESENTS,

That _____
*(if a corporation or LLC, insert full title and add the words, "a corporation organized under the laws of the State of ____";
if a partnership, insert full name of each partner and add the words "doing business under the firm name ____")*

with place of business at _____ *(insert full physical address),*

City of _____, County of _____, State of _____, as principal,

and _____, a corporation authorized to transact surety business in the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full

penal sum of _____ thousand dollars (\$ _____) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Whereas, the above bounden principal has applied for a license to transact the business of brokering residential real estate loans as provided by law under Chapter 19.146 Revised Code of Washington, known as the "MORTGAGE BROKER PRACTICES ACT" of the State of Washington, and acts amendatory thereto.

THE CONDITIONS of the above obligation are: If the said above bounden principal, and its mortgage brokers, employees, loan originators and independent contractors shall, upon the issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and all rules lawfully made by the Director of the Department of Financial Institutions of the State of Washington thereunder, and shall reimburse all persons who suffer loss by reason of a violation of said Act or rules adopted thereunder, then this obligation to be void; otherwise to remain in full force and effect.

Provided, That this bond is effective until canceled by the surety. This bond may be canceled by giving written notice to the Director. The cancellation shall be effective 30 days from the receipt of said notice. If the bond is renewed, continued, reinstated, reissued or otherwise extended, it shall nevertheless be considered a continuous obligation and the surety upon the bond shall not be liable in an aggregate or cumulative amount exceeding the penal sum set forth on the face of the bond. In no event shall the penal sum, or any portion thereof, at two or more points in time be added together in determining the surety's liability for any or all claims.

In Witness Whereof, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed on this _____ day of _____, 20____. Bond Number _____

(Corporate Seal of the Surety)

(Principal)

By: _____

By: _____

(Surety)

By: _____

By: _____

SURETY BOND TO OPERATE MORTGAGE BROKER BUSINESS

KNOW ALL PERSONS BY THESE PRESENTS,

That _____
*(if a corporation or LLC, insert full title and add the words, "a corporation organized under the laws of the State of ____";
if a partnership, insert full name of each partner and add the words "doing business under the firm name ____")*

with place of business at _____ *(insert full physical address),*

City of _____, County of _____, State of _____, as principal,

and _____, a corporation authorized to transact surety business in the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full

penal sum of _____ thousand dollars (\$ _____) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Whereas, the above bounden principal has applied for a license to transact the business of brokering residential real estate loans as provided by law under Chapter 19.146 Revised Code of Washington, known as the "MORTGAGE BROKER PRACTICES ACT" of the State of Washington, and acts amendatory thereto.

THE CONDITIONS of the above obligation are: If the said above bounden principal, and its mortgage brokers, employees, and loan originators shall, upon the issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and all rules lawfully made by the Director of the Department of Financial Institutions of the State of Washington thereunder, and shall reimburse all persons who suffer loss by reason of a violation of said Act or rules adopted thereunder, then this obligation to be void; otherwise to remain in full force and effect.

Provided, That this bond is effective until canceled by the surety. This bond may be canceled by giving written notice to the Director. The cancellation shall be effective 30 days from the receipt of said notice. If the bond is renewed, continued, reinstated, reissued or otherwise extended, it shall nevertheless be considered a continuous obligation and the surety upon the bond shall not be liable in an aggregate or cumulative amount exceeding the penal sum set forth on the face of the bond. In no event shall the penal sum, or any portion thereof, at two or more points in time be added together in determining the surety's liability for any or all claims.

In Witness Whereof, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed on this _____ day of _____, 20____. Bond Number _____

(Corporate Seal of the Surety)

(Principal)

By: _____

By: _____

(Surety)

By: _____

By: _____

**WASHINGTON MORTGAGE BROKER TRUST MONIES
ALTERNATIVE CERTIFICATE OF COMPLIANCE**

To: State of Washington
Department of Financial Institutions
Division of Consumer Services

For: _____
print licensee/applicant company name

I, the undersigned, designated broker of the above listed entity, an applicant for licensing under chapter 19.146 RCW, The Mortgage Broker Practices Act (the "Act), certify that I have read and understand RCW 19.146.050 and WAC 208-660-410, containing the requirements for the management of borrowers' funds. I realize that any violation of this section of the Act is a Class C Felony.

I further warrant that the above company and its principals, mortgage brokers, employees, loan originators, and independent contractors will not, at any time, up to and including the closing of a loan and disbursement of any monies associated with the loan, accept monies from a borrower, or from a third-party (e.g., an escrow agent) on behalf of a borrower, for the purposes of payment for services (e.g., an appraisal or credit report) provided by third parties.

signature of designated broker

print designated broker name

date

THIS FORM REQUIRES NOTARIZED SIGNATURE

Signed and sworn before me by: _____
print designated broker name

this _____ day of _____ 20____

signature of notary public

Notary Public in and for the

State of _____

County of _____

My appointment expires: _____

notary seal here

**WASHINGTON MORTGAGE BROKERS
CERTIFICATE OF COMPLIANCE AND
AUTHORIZATION TO EXAMINE TRUST ACCOUNTS**

To: State of Washington
Department of Financial Institutions
Division of Consumer Services

For: _____
licensee/applicant company name

The undersigned principal officer of the above listed licensee/applicant, hereby certifies that such firm has established and maintains a trust account(s) {"Trust Account"} in compliance with the Mortgage Broker Practices Act, RCW 19.146.050 and WAC 208-660-410, and that each Trust Account held for this purpose is correctly identified below:

Trust Account No.: _____	Trust Account No.: _____
Financial Institution: _____	Financial Institution: _____
Branch: _____	Branch: _____
Street Address: _____	Street Address: _____

The undersigned hereby authorizes the Director of the Department of Financial Institutions, or his/her designee, to examine the above described Trust Account(s). The undersigned further authorizes the above listed financial institution(s) to release to the Director, or his/her designee, information relating to the Trust Account(s) listed above, such information to include all account records and information. **The undersigned further acknowledges that any violation of RCW 19.146.050 is a Class C Felony.**

_____	_____
<i>signature of officer</i>	<i>date</i>
_____	_____
<i>print officer's name</i>	<i>title</i>

BANK VERIFICATION

Account No.: _____	Account No.: _____
Date established: _____	Date established: _____
Verified by: _____	Verified by: _____
<i>print bank representative's name</i>	<i>print bank representative's name</i>
Signature: _____	Signature: _____
Title: _____ Date: _____	Title: _____ Date: _____

(BANK REPRESENTATIVE'S SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____
print bank representative's name

this _____ day of _____ 20____

Signature of Notary Public
Notary Public in and for the
State of _____
County of _____
My appointment expires: _____

notary seal here