

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

Application for Licensure as a Mortgage Broker
Chapter 494, Florida Statutes

GENERAL INSTRUCTIONS

Online Filing Requirement

This form and all fees identified below are required to be filed on the Office's website at www.flofr.com. Petitions for a waiver of the online filing requirement due to a technological or financial hardship must be filed pursuant to Rule 28-106.301, Florida Administrative Code.

Form OFR-494-03 is the form used by Mortgage Brokers to either file an initial application or make an amendment to an existing license. This is also used to terminate an existing license or withdraw an application.

This form is divided into the following sections:

- Social Security Number
- Name
- Surnames and/or Aliases
- Contact Information
- Residential Address
- Mailing Address
- Residential History
- Employment History
- Professional Licenses and Certifications
- Disclosure Information
- Signature
- Disclosure Reporting Pages (if applicable)

When filing this form to apply for an initial license, include the following non-refundable fees:

Application fee	-	\$195.00
Fingerprint Card fee	-	<u>\$43.25</u>
Total non-refundable fees	-	\$238.25

Type of Filing

Check the appropriate box for the type of filing. Check only one box.

Initial Application – Check this box to file an initial application.

Amendment – Check this box to file an amendment to a pending application or existing license. When filing amendments, circle the question on the form that contains new information.

Terminate License/Withdraw Application – Check this box to file a request to terminate an existing license or withdraw a pending application.

1. Identifying Information

Social Security Number

Answer this question on page 3 of this form in the box labeled "Response to Question 1". Enter your individual Social Security Number. If you do not have a Social Security Number and you are a Foreign National, you must then enter your Alien ID number in the appropriate box.

2. Applicant Information

NOTE: The mortgage broker license is for a natural person and not a business. Do not enter a business name or d/b/a name on this application.

First Name

Enter your first name. Do not use nicknames or abbreviations.

Middle Name

If you have a middle name, specify the full middle name. Do not use nicknames or abbreviations. If you do not have a middle name, leave this field blank.

Last Name

Enter your last name. Do not use nicknames or abbreviations. Include punctuation when and where appropriate.

Suffix

Enter any suffix that follows your last name, such as Jr., Sr., etc. Include punctuation when and where appropriate.

Date of Birth

Enter your date of birth. Your entry must be numeric (MM-DD-YYYY). The mortgage broker

license will not be issued to any individual under the age of 18.

3. Surnames and/or Aliases

Identify any other names by which you have ever been known.

4. Contact Information

E-Mail Address

Enter your e-mail address if you have one (jdoe@someplace.com).

Telephone Number

Enter your daytime telephone number where you may be contacted.

5. Residential Address

Provide your residential address. This address cannot be a post office box, and must be an actual location.

6. Mailing Address

Provide the address to where you receive mail. Filers may check a box if both residential and mailing addresses are the same. (You may leave this information blank if you have indicated that your residential and mailing addresses are the same.)

7. Residential History

Start with your current residential address and provide your residential history for the past 10 years. Report changes as they occur.

8. Employment History

Start with your current employment and list your prior employments and dates of employment over the past 10 years. Report changes as they occur.

9. Professional Licenses and Certifications

List any professional licenses or certifications (i.e., Certified Professional Accountant, Series 7, Real Estate license or Insurance License) you may have applied for, currently hold or have held. A driver's license would not need to be listed.

10. Disclosure Questions

Questions 10A-10G

Check the appropriate "yes" or "no" response for each question. If any of the questions in this section are answered "Yes", complete details of all events or proceedings on appropriate Disclosure Reporting Page(s) (DRP) and provide documentation as noted on the DRP(s).

Restoration of Civil Rights – If your civil rights have been restored, you may provide evidence of restoration of your civil rights with this application.

11. Signature

Filers shall verify that all information that has been provided is true and correct. Filers should "save and print" the information they input in order to verify that all information entered is true and correct.

Online Filings – All signatures required on the Form OFR-494-03 must be made in this section. A signature is completed by typing a name in the designated signature field. By the applicant or applicant's agent typing a name in this section, the signatory attests to the completeness and accuracy of the form. The applicant recognizes that this typed name constitutes in every way, use, or aspect, his or her legally binding signature.

Signature Date

This field will be automatically populated with the date of your submission.

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

APPLICATION FOR LICENSURE AS A MORTGAGE BROKER

Check the box that indicates what you would like to do:

- File an initial application.** (Fees required. See page 1 of the instructions.)
 File an amendment. (Circle question(s) amended.)
 Request withdrawal of your pending application or termination of your license.
 (Effective date of withdrawal of application or ceased licensed activity: (___/___/___)
MM DD YY)

1. *Social Security Number

Provide your Social Security Number/Alien Identification Number below the signature section on page 3 of this form.

2. *Name (Must be a natural person)

First Name	Middle Name	Last Name	Suffix	Date of Birth

3. Surnames and/or Aliases

First Name	Middle Name	Last Name	Suffix

4. Contact Information

E-mail Address	Telephone Number

5. *Residential Address

Number and Street	City, Town, etc.	State	Country	Postal Code

6. *Mailing Address (Check box if mailing address the same as residential.)

Number and Street	City, Town, etc.	State	Country	Postal Code

7. *Residential History (Start with the current address, give all addresses for last 10 years. Report changes as they occur.)

Number and Street	City, Town, etc.	State/ Province	Country	From		To	
				Mo.	Yr.	Mo.	Yr.

8. *Employment History (Start with current employer, give all employments for the last 10 years. Report changes as they occur.)

Name of Company	City, Town, etc.	State/ Province	Position Held	From		To	
				Mo.	Yr.	Mo.	Yr.

9. *Professional Licenses and Certifications

Type of License/Certification	Name of Licensing Authority/City/State	Date Issued		Status	Status Date	
		Mo.	Yr.		Mo.	Yr.

10. *Disclosure Questions (If the answer to any of the following disclosure questions is "Yes", complete details of all events or proceedings on appropriate Disclosure Reporting Page(s).)

10A. Have you plead nolo contendere to, been convicted of, or found guilty of, any crime, regardless of adjudication?
 YES NO

10B. Are you the subject of any pending criminal prosecutions or administrative enforcement actions?
 YES NO

10C. Have you had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended, or otherwise acted against?
 YES NO

10D. Have you been the subject of any decision, finding, injunction, suspension, prohibition, revocation, denial, judgment, or administrative order by any court of competent jurisdiction, administrative law judge, state or federal agency, national securities exchange, national commodities exchange, national option exchange, national securities association, national commodities association, or national option association involving a violation of any federal or state securities or commodities law or rule or regulation adopted under such law or involving a violation of any rule or regulation of any national securities, commodities, or options exchange or association?
 YES NO

10E. Have you been the subject of any injunction or adverse administrative order by a state or federal agency regulating banking, insurance, finance or small loan companies, real estate, mortgage brokers or lenders, money transmitters, or other related or similar industries?
 YES NO

10F. Has a final judgment been entered against you in a civil action upon grounds of fraud, embezzlement, misrepresentation, or deceit?
 YES NO

10G. Have you acted as a mortgage broker as defined by Chapter 494, Florida Statutes, without being properly licensed?

YES NO

11. *Signature

I swear or affirm, under penalties of perjury, that I have read and understand the items and instructions on this form and that my answers (including attachments) are current, true and complete to the best of my knowledge. I further acknowledge that any misstatement may cause the office to deny the application or initiate proceedings against the license. I also represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Applicant or applicant's agent has typed applicant's name under this section to attest to the completeness and accuracy of this form. The applicant recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Signature of Applicant

Signature Date

***Response to Question 1**

Social Security Number	Alien Identification Number

Disclosure Reporting Pages (Form OFR-494-03)

This Disclosure Reporting Form is an **INITIAL OR** **AMENDED** response to report details for affirmative response to **Questions 10A, 10B, 10C, 10D, 10E, and 10F** on Form OFR-494-03;

Check question(s) you are responding to: **10A** **10B** **10C** **10D** **10E** **10F**
Use only one DRP to report details to the same event. Unrelated events must be reported on separate DRPs.

1. Action initiated by: (Name of Regulator, Arresting Jurisdiction, Creditor/Lien Holder, Private Plaintiff, etc.)

2. Filing Date of Action (MM/DD/YYYY): _____ Exact Explanation
If not exact, provide explanation:

3. Formal Action was brought in (include name of Federal, Military, State or Foreign Court, Location of Court – City or County and State or Country, Docket/Case Number):

4. Employing Business when activity occurred:

5. Describe the allegations related to this action. (Attach a separate sheet if necessary.):

6. Current status of action? **Pending** **On Appeal** **Final**

7. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

8. If Pending, date notice/process was served (MM/DD/YYYY): _____
 Exact **Explanation** If not exact, provide explanation:

If Final or On Appeal, complete items below. For Pending Actions, complete item 11 only.

9. Provide a detailed explanation of how the matter was resolved (Attach a separate sheet if necessary):

10. Resolution Date (MM/DD/YYYY): _____ **Exact** **Explanation**
If not exact, provide explanation:

11. Comments. Use this section to provide a summary of the circumstances leading to the action, as well as the status or disposition and/or finding(s).

12. In addition to the information requested in this DRP, provide documentation pertaining to each matter. Such documentation includes but is not limited to, certified copies of criminal convictions or administrative orders entered against you.