STATE OF MONTANA

DIVISION OF BANKING & FINANCIAL INSTITUTIONS

1712 9th Ave., PO Box 200546, Helena, MT 59620-0546
Phone: (406) 841-2920 Website: www.doa.mt.gov/BFID
Email: mortgagelicensing@mt.gov

MORTGAGE LOAN ORIGINATOR RENEWAL OR REINSTATEMENT FORM

This form is designed for individuals applying for initial licensure during the renewal period who wish to be licensed immediately and for military members or reservists requesting reinstatement pursuant to ARM 2.59.1731.

I, _____ (individual name), NMLS number _____, affirm that to the best of my knowledge and belief the information contained in my NMLS record, including jurisdiction specific requirements where I am licensed or registered, is true, accurate, and complete in accordance with the appropriate jurisdiction's law.

I have expediently updated and/or corrected information in my NMLS record as of this date and I will continue to update and/or correct any information in my NMLS record as it changes.

I understand that submitting any false or misleading information, or omitting pertinent or material information, may be grounds for administrative action and/or criminal action. As part of this request for license renewal or reinstatement, I swear or affirm to the following:

- I meet the financial responsibility requirements identified in ARM 2.59.1740.
- I am abiding by all terms and conditions of any order or disciplinary agreement in effect in any jurisdiction.
- I am in compliance with the continuing education requirements as identified in 32-9-118, MCA.
- I understand and will comply with all Montana and federal laws and regulations pertaining to my mortgage loan originator license and, if applicable, the mortgage broker or lender, by which I am employed.
- I have disclosed any new event or proceeding requiring an affirmative answer to any disclosure question which has occurred since submission of my initial license application or last renewal application to Montana and uploaded all relevant documents to my NMLS record. Furthermore, any documents in response to affirmative answers to disclosure questions previously submitted to any jurisdiction remains true and accurate.
- I continue to meet the standards in 32-9-120.

I grant permission to Montana to verify information with any state, federal, or local government agency, and current/former employers.

I verify that I am the named person above and agree to the language as stated.

Signature: _____ Date: _____

- Please email completed form to mortgagelicensing@mt.gov.
- The fee will be invoiced through NMLS.
- For initial license applicants, an application must be submitted in NMLS prior to submitting this form. By submitting this form, you agree to pay the renewal fee by December 31st, or your license will expire.