



NMLS INDIVIDUAL FORM

UNIFORM BIOGRAPHICAL STATEMENT AND CONSENT FORM

The NMLS Individual Form is the universal form used by individuals required to submit biographical and other information to a state agency through NMLS as part of a license application. Not all sections of the NMLS Individual Form may apply to all applicants.

*** ALL FORMS ARE COMPLETED ELECTRONICALLY THROUGH [NMLS](#) – THIS FORM IS FOR INSTRUCTIONAL PURPOSES ONLY ***

1. Identifying Information

(A) Full last, first and middle names:

Last Name First Name Full Middle Name Suffix (if any)

(B) Social Security Number: _____ (C) Gender: Female Male

(D) _____ (E) _____ (F) _____
Date of Birth (MM/DD/YYYY) State/Province of Birth Country/Province of Birth

(G) US Citizen: YES NO

(H)* State of Government Issued Identification: _____

(I)* Government Issued Identification Number: _____

(J)* Passport Issuing Country: _____ (K)* Passport Number: _____

* For questions H – K, consult state licensing requirements to see if this is required

(L) Business phone, home phone, cell phone, fax and email:

() - _____ () - _____ () - _____
Business Phone Extension Home Phone (optional) Cell Phone (optional)

() - _____
Fax Line (optional) Email Address

(M) Mailing Address: Same as Current Residential Address

Number & Street City State Country/Province Postal Code

(N) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

Last Name First Name Full Middle Name Suffix (if any)

2. Other Names

Other than your legal name, list all name(s) you are using or have used since the age of 18. Examples include nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name _____ Name _____

Name _____ Name _____

3. Residential History

Starting with current address, you must provide all of your residential addresses for the past ten years without gaps. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State	Country/Province	Postal Code
	Current					

4. Employment History

Starting with current employment, provide a complete employment history for the past ten years without gaps. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, retirement, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether the employment is/was financial service-related business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held (no abbreviations)	Address/City	State and Postal Code	Country/Province	Financial Services-Related?
	Current						<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
							<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
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Other Business

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details (attach additional sheets as needed.):

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Business Name _____

Does this business conduct financial services-related activities? Yes No

Number & Street _____ City _____ State _____ Country/Province _____ Postal Code _____

Nature of business: _____
Position, Title or Relationship with business _____

Start Date: _____ Hours per month: _____

Describe your duties: _____

6. Disclosure Questions

If the answer to any of the following is "YES", provide complete details of all events or proceedings. Send the details to the state(s) where you are licensed/registered or requesting licensure/registration. Remember to file updates to these disclosures as needed.

	YES	NO
Financial Disclosure		
(A)		
(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Based upon events that occurred while you exercised control over an organization, has any organization filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have you been the subject of a foreclosure action within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
(C) Based upon activities that occurred while you exercised control over an organization, has any bonding company ever denied, paid out on, or revoked a bond for any organization?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Are you delinquent on any court ordered child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Disclosure		
(F)		
(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against you for any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(G) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against any organization for any felony?	<input type="checkbox"/>	<input type="checkbox"/>
(H)		
(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against you for a misdemeanor specified in (H(1))?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
(I) Based upon activities that occurred while you exercised control over an organization:		
(1) Has any organization ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any misdemeanor specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are there pending charges against any organization for any misdemeanor specified in (H)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(J)		
(1) Has any domestic or foreign court ever:	<input type="checkbox"/>	<input type="checkbox"/>
(a) enjoined you in connection with any financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against you by a State, federal, or foreign financial regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Based upon activities that occurred while you exercised control over an organization, is there a pending financial services-related civil action in which any organization is named for any alleged violation described in (J)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against you in connection with a financial services-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) revoked your registration or license?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied or suspended your registration or license or application for licensure, disciplined you, or otherwise by order, prevented you from associating with a financial services-related business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(7) barred you from association with an entity regulated by such commissions, authority, agency, or officer, or from engaging in a financial services-related business?	<input type="checkbox"/>	<input type="checkbox"/>
(8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(9) entered an order concerning you in connection with any license or registration?	<input type="checkbox"/>	<input type="checkbox"/>
(L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(M) Based upon activities that occurred while you exercised control over an organization, has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever taken any of the actions listed in (K) through (L) above against any organization?	<input type="checkbox"/>	<input type="checkbox"/>
(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)?	<input type="checkbox"/>	<input type="checkbox"/>
(O) Based upon activities that occurred while you exercised control over an organization, is there a pending regulatory action proceeding against any organization for any alleged violation described in (K) through (L)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(P) Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:		
(1) is still pending?	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(Q) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
NMLS or SRR Testing Rules of Conduct Disclosure		
(R)		
(1) Have you ever been found to have violated any Rule of Conduct for test takers of the SAFE MLO Test or found to have violated the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Have you been notified that you are the subject of an investigation by the Mortgage Testing and Education Board (MTEB) or State Regulatory Registry LLC (SRR) regarding an alleged violation of the Rules of Conduct for test takers of the SAFE MLO Test or the NMLS Industry Terms of Use as it pertains to enrolling, scheduling or taking the SAFE MLO Test?	<input type="checkbox"/>	<input type="checkbox"/>

7. Fingerprint Information

I am requesting a Federal Criminal Background Check

Confirm background check method:

- Submit New Prints
 Use Archived Prints

The FBI requires the following information to be provided:

(A) Eye color: _____

(B) Hair color: _____

(C) Height: _____

(D) Weight: _____

(E) Race: _____

8. Credit Report

By requesting a credit report in connection with this filing you agree and instruct us to provide access to the credit report to each state regulator you: (i) have a pending or active license or registration with; or (ii) are requesting a license or registration from in connection with this filing. In addition, if you are a Control Person, you agree and instruct us to provide access to the credit report to each state regulator that any company associated with you through NMLS: (i) has a pending or active license or registration with; or (ii) is requesting a license or registration from in connection with this filing.

Request a new credit report.

9. Company Relationship and Sponsorship Representation:

(A) **ESTABLISH RELATIONSHIP/ CREATE SPONSORSHIP** To the best of my knowledge and belief, at the time of approval, the applicant will be familiar with the statutes, regulations, and rules of the state(s) with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the applicant an opportunity to review the information contained herein and the applicant has approved this information and signed the form.

Relationship Effective Date (MM/DD/YYYY): _____

Specify below the license(s) that will be supervised by the company. By making the selection and signing below you denote that the individual's financial-related activities are appropriately supervised by the employer for the individual to be eligible to hold a valid, active, approved license in a state. Supervision of financial-related activity equals Sponsorship. Where required, sponsorships must be established separately for each license. (Use additional sheets as needed)

License Name: _____ Sponsorship Effective Date (MM/DD/YYYY): _____

License Name: _____ Sponsorship Effective Date (MM/DD/YYYY): _____

Company Name by _____
Signature of authorized party Print Name and Title of authorized party

(B) **TERMINATE RELATIONSHIP/ SPONSORSHIP** I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application for termination of an individual license/registration. I am aware that by terminating the relationship means the termination of the sponsorship as well. (Use additional sheets as needed)

Termination Effective Date (MM/DD/YYYY): _____

License Name: _____ License Name: _____

Company Name by _____
Signature of authorized party Print Name and Title of authorized party

Reason for termination (optional):

- Deceased on date (MM/DD/YYYY) _____
- Permitted to Resign – Explanation _____
- Voluntary Resignation
- Discharged – Explanation _____

10. Individual's Acknowledgment & Consent

I swear (or affirm) that I executed this application on my own behalf, and agree to and represent the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true, accurate and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, and hereby, such information remains accurate and complete;
- (3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into my background, in accordance with all laws and regulations;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which I am applying.

If an Applicant has made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

Signature of individual

Date (MM/DD/YYYY)