



STATE OF KANSAS
OFFICE OF THE STATE BANK COMMISSIONER
CONSUMER AND MORTGAGE LENDING DIVISION
700 SW Jackson St., Suite 300
Topeka, KS 66603-3796
785-296-2266 Fax: 785-296-6037

ATTENTION: Mortgage Lenders, Servicers & Loan Originators



The Division of Consumer and Mortgage Lending joined the Nationwide Mortgage Licensing System (NMLS) effective January 4, 2010.

New companies or individuals desiring to conduct mortgage loan activities with Kansas consumers under the Kansas Uniform Consumer Credit Code should submit their application to the Division through the NMLS.

The NMLS website, <http://mortgage.nationwidelicencingsystem.org>, provides step-by-step instructions on how to access the system, guides on how to complete the MU forms, tutorials and much more. If you have questions, contact the NMLS Call Center at 1-855-665-7123.

All Other Lenders and Companies

All Companies that **DO NOT** conduct mortgage activities but are conducting activities that require them to obtain a Kansas Supervised Loan License may use the application listed below.

Supervised Loan License Application and Credit Notification Form

A Supervised Loan is defined in Kansas as a loan to which the annual percentage rate (APR) exceeds 12% per year made by a person regularly engaged in the business of making loans in which: the debtor is a person other than an organization; the debt is incurred primarily for personal, family, or household purpose; either the debt is payable by written agreement in more than four installments or a finance charge is made; and either the amount financed does not exceed \$25,000 or the debt is secured by an interest in land.

A **Supervised Loan License** is required for any business that engages in making supervised loans; taking assignments of and directly or indirectly, including through the use of servicing contracts or otherwise, undertaking collection of payments from debtors arising from supervised loans; or taking assignments of and directly or indirectly, including through the use of servicing contracts or otherwise, enforcing rights against debtors arising from supervised loans with **Kansas** consumers.

Filing of Notification is required by the Kansas Uniform Consumer Credit Code (K.S.A. 16a-6-201) for all creditors engaged in this state in entering into consumer credit transactions and to any person who takes assignments of and undertakes collection of payments from or takes assignments of and enforces rights against debtors arising from these transactions. The notification fees prescribed are to be paid to the Kansas Office of the State Bank Commissioner (OSBC).

All Supervised Lender licensees who engage in mortgage loan activities must ensure individuals who originate mortgage loans on their behalf are properly registered as Mortgage Loan Originators. **“Residential mortgage loan originator”** means an individual: (a) Who engages in residential mortgage loan origination on behalf of a single supervised lender; (b) whose conduct of residential mortgage loan origination is the responsibility of the licensed supervised lender; (c) who takes a residential mortgage loan application or offers or negotiates terms of a residential mortgage loan for compensation or gain or in the expectation of compensation or gain; and (d) whose job responsibilities include contact with borrowers during the loan origination process, which can include soliciting, negotiating, acquiring, arranging or making mortgage loans for others, obtaining personal or financial information, assisting with the preparation of loan applications or other documents, quoting loan rates or terms or providing required disclosures. It does not include any individual engaged solely as a loan processor or underwriter. **New companies or individuals desiring to conduct mortgage loan origination activities with Kansas consumers under the Kansas Uniform Consumer Credit Code should submit their application to the OSBC through the NMLS as noted above.**

KANSAS SUPERVISED LOAN LICENSE NEW APPLICATION & CREDIT NOTIFICATION FORM

Part A: Supervised Loan License Application

1. Applicant LEGAL NAME and Federal Tax Identification Number: Federal Tax ID No.: _____

(LEGAL NAME under which business is conducted) (Type or print)

2. TRADE NAME* (d/b/a), if applicable: _____

***Note: Trade names cannot contain words such as "Company," "Corporation," "Incorporated," or abbreviations such as "Co.," "Inc.," "Corp.," "LTD," "LLC," or "LLP." If you have further questions please contact the OSBC.**

3. Applicant CONTACT person**: _____
(Name) (Phone Number)

EMAIL ADDRESS of contact person above: _____

****Note: All correspondence sent to your company by mail or email will be addressed to the contact person listed here. It is your responsibility to update this information as needed. All changes must be submitted by an authorized individual.**

4. Supervised Lender Applicant PHONE # (_____) _____ FAX # (_____) _____

5. Principal BUSINESS ADDRESS (corporate headquarters/home office):

(Street address)

(City) (State) (Zip code)

Applicant WEBSITE: _____

Is any OTHER BUSINESS, including business by another company, being conducted at this business address?

_____ No _____ Yes (If "Yes," please explain) _____

6. MAILING ADDRESS for **all** correspondence with your company***:

(Street -or- P.O. Box) (City) (State) (Zip code)

*****Note: DO NOT LEAVE BLANK. All correspondence will be mailed to the attention of your contact person listed above at this mailing address. It is your responsibility to update this information as needed.**

Applicant EMAIL ADDRESS (if different than #3 above): _____

7. RECORDS: For examination purposes, where are the records for your Kansas loan files retained?
(Please mark only one answer)

- _____ Main business location
_____ Each branch location
_____ Both main business location and branch location(s)
_____ Other (please explain in detail) _____

8. Will your company, in the normal course of business, make or take assignment of consumer loans in Kansas that exceed 12% APR, or take assignment of and directly or indirectly undertake collection of payments from or enforce rights against debtors arising from loans with these characteristics?

_____ No* _____ Yes

***Note: If you answered "No" to Question 8, you may not be completing the correct license application for the type of activity conducted by your company. Please contact our office to determine if you need to submit a different application for another type of license or registration.**

9. TYPE OF LOAN ACTIVITY to be conducted with Kansas consumers: (Mark all that apply)

_____ Consumer Loan Originations/Acquisitions _____ Consumer Loan Servicing
 _____ Mortgage Funding/Acquisitions (not originating) _____ Mortgage Servicing
 _____ Payday Loans _____ Vehicle Title Loans _____ Debt Purchasing (Defaulted)
 _____ Other (Please explain) _____

10. FORMATION of your Company: (Please mark one)

_____ Sole Proprietorship
 _____ Partnership _____ Limited _____ General (Attach a copy of agreement)
 _____ Corporation; List state and date of incorporation: _____
(Attach a certified copy of the Articles of Incorporation)
 _____ Limited Liability Company; List state and date of organization: _____
(Attach a certified copy of the Articles of Organization)

11. Are there any OTHER LOCATIONS, other than the principal place of business, where your company engages in making supervised loans or any loans for personal, family, or household purposes; or taking assignment of and undertaking collection of payments/enforcement of rights arising from loans made to **Kansas** consumers?

_____ No _____ Yes (If "Yes," see attached Supervised Lender Branch Application (Form D))

12. OWNER, OFFICER and/or PARTNER: List below every officer and/or partner of the applicant and any equitable owner of 10% or more of the applicant. List must include at least one natural person, in either an owner or officer/partner capacity**. (Attach additional sheet if necessary)

Company or Individual** Name	Title or Position	Percent Owned
1.		
2.		
3.		
4.		

****Note: Every individual listed above must complete a separate Confidential Background Information Consent Form (Form A) which includes a fingerprint card requirement.**

13. BACKGROUND: Has the applicant or any individual or entity identified in Question #12 ever:

- a. been the subject of an administrative or judicial judgment?
- b. been the subject of any tax liens or other liens of any nature?
- c. filed for personal or business related bankruptcy?
- d. had a license or other authority to conduct business suspended, revoked, or denied?
- e. been named as a defendant in any form of civil litigation related, directly or indirectly, to consumer or mortgage lending activities, or involving fraud, dishonesty, or deceit?
- f. been charged or convicted of any crime (other than minor traffic violations)?

_____ No _____ Yes (If "Yes," applicant must provide a detailed explanation on attached sheet)

Does applicant intend to engage in mortgage lending or mortgage servicing activities?

No (Move on to Question #14)

Yes (STOP – Submit this application via the NMLS website as indicated in the instructions above.)

14. **RELATED INTERESTS:** Do any of the individuals identified in Question #12 have a financial interest in or hold a position with any other licensee under the Kansas Mortgage Business Act or the Kansas Uniform Consumer Credit Code?

No Yes (If "Yes," applicant must provide a detailed explanation on attached sheet)

15. Please designate the individual who will be responsible for accepting service of process on behalf of your Company, such as a registered agent. (Please include name, address, and phone number)

Contact Person/Agent: _____ Phone # () _____

(Street)

(City)

(State)

(Zip Code)

16. **REGULATORY HISTORY:** List the name of each state in which the applicant (your Company) is currently licensed for consumer credit business. (**"State Regulator Questionnaire" (Form C) must be completed & mailed to each state listed below.**)

<u>State</u>	<u>Name Licensed Under</u>	<u>Type of License</u>	<u>License Number</u>	<u>Dates Licensed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. **ONLINE LENDING:** Is the applicant or any of its affiliates currently engaged in making loans through the Internet or other electronic or automated mediums? No Yes (If Yes, provide the website(s) below)

18. Will the applicant participate in any agency relationships involving your proposed lending activities, such as loan servicing for third party lenders? No Yes (**If Yes, provide detailed explanation on an attached sheet.**)

19. **CORPORATE STRUCTURE:** Provide a detailed description of the applicant's corporate structure, including parent companies, subsidiaries, and affiliates, if applicable, and advise if any of these entities are involved in Kansas consumer lending activities. (*Attach additional sheet if necessary*)

20. **BUSINESS ACTIVITIES PLANNED:** Provide a written detailed description of all business activities conducted by the applicant and a detailed description of the business activities in which the applicant seeks to be engaged in the State of Kansas. Include the types of credit to be extended. (*Attach additional sheet if necessary*)

21. **EMPLOYMENT PRACTICES:** Kansas law prohibits a Supervised Lender from knowingly employing or contracting with any individual to engage in lending activities who has been convicted of a felony crime or any crime involving fraud, dishonesty or deceit. Convictions of an officer or director may also result in license denial or revocation. Provide a detailed explanation of hiring practices and personnel screening and reporting procedures utilized to ensure compliance with this requirement. (*Attach additional sheet if necessary*)

22. **SURETY BOND:** Applicants must submit a bond in the amount of \$100,000 for the first licensed place of business, plus an additional \$25,000 for each additional place of business to a maximum of \$300,000. The bond must be prepared using the approved Surety Bond Form (Form B) included in this Supervised Loan License Application.

A properly completed and signed Surety Bond in the amount of \$ _____ is enclosed.

23. **FINANCIAL POSITION:** Each applicant for a Supervised Loan License must maintain an adequate financial position in order to responsibly carry out the consumer credit activities authorized under the UCCC. The OSBC shall make an evaluation of the financial responsibility, character and fitness of each applicant.

List the company's total assets as of the last financial statement: TOTAL ASSETS: \$ _____

List the company's total net worth as of the last financial statement: NET WORTH: \$ _____

Signature and Oath of Applicant by Authorized Individual

(Authorized individuals are those that have been identified by your company in Question 12 above and have submitted Confidential Background Information Consent Forms to the OSBC with this application. Signatures of unauthorized individuals on applications submitted to the OSBC will not be accepted.)

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge and belief. Further, the provisions of K.S.A. 16a-1-101 et. seq. have been reviewed by the applicant, its owners and officers, and all employees of the applicant will be made aware of such laws and regulations and any changes enacted hereafter. I understand it is the responsibility of the applicant to ensure compliance with these laws and regulations by its owners, officers, and employees, and that failure to do so may result in the supervised loan license being denied, suspended, or revoked. Further, I understand that providing any false or misleading information may result in the license being denied, suspended, or revoked.

(Signature of Authorized officer, partner or owner) (Title or position) (Date)

STATE OF _____) COUNTY OF _____)

Sworn and subscribed before me on _____ by _____
(Date) (Print name of officer, partner or owner listed above)

(NOTARY SEAL) _____ My commission expires: _____
Notary Public Signature

Fee Reconciliation

<u>Type of Fee</u>	<u>Fee Amount</u>	<u>X</u>	<u>Count (#)</u>	<u>=</u>	<u>Subtotal</u>
License New Application Fee (Part A)	\$ (00.0\$	L	<u>1</u>	=	\$ (00.00
Branch Office New Application Fees (Form D)	\$' 00.00	L	_____	=	_____
Fingerprint Card Processing Fees (per card) <i>Required for individuals identified in #12 of Part A</i>	\$ 48.00	X	_____	=	\$ _____
License Minimum Volume Fee				=	\$ <u>250.00</u>
Notification Registration Fees (Part B)				=	\$ _____
Total Fees Due				=	\$ _____
					<i>(sum of all fees above)</i>

ALL FEES ARE NONREFUNDABLE AND MUST ACCOMPANY THE APPLICATION BEFORE PROCESSING WILL BEGIN.

Make Checks Payable to: OFFICE OF THE STATE BANK COMMISSIONER
Mail to: 700 SW Jackson, Suite 300
Topeka, KS 66603-3796

INSTRUCTION SHEET FOR NOTIFICATION FORM

The Kansas Uniform Consumer Credit Code (K.S.A. 16a-6-201) requires creditors engaged in this state in entering into consumer credit transactions, and any person who takes assignments of and undertakes collection of payments from or takes assignments of and enforces rights against debtors arising from these transactions to file notification and pay the prescribed fees on or before **April 30** of each year to the Office of the State Bank Commissioner, 700 SW Jackson, Suite 300, Topeka, Kansas 66603-3796. After reading instructions, if you need assistance in completing the form, please call (785) 296-2266. Once your registration is approved, your company will be added to the list of Notification Registrants displayed on our website at www.osbckansas.org. Renewal forms will be mailed in March to all approved notification registrants.

WHO MUST FILE NOTIFICATION AND PAY THE \$25.00 ANNUAL FEE?

A consumer credit transaction is made in this state if a signed writing evidencing the obligation or offer of the consumer is received by the creditor in this state; or the creditor induces the consumer who is a resident of this state to enter into the transaction by solicitation in this state by any means, including but not limited to: mail, telephone, radio, television or any other electronic means.

You extend credit under Kansas law if you engage in any of the following activities:

1. Those who extend credit* to which a finance charge is added to the actual cost of goods or services;
2. Those who add a service or carrying charge to an account as a cost of deferring payment;
3. Those who prepare retail installment contracts and assign these contracts to a third party;
4. Those who extend credit* according to a written agreement which permits payment in more than four installments, even though no finance charge is added; or
5. Those who purchase retail installment contracts, loans or leases from creditors *or who purchase the rights to service such transactions*.

***Credit** means the right granted by a creditor to a debtor to defer a payment of debt or to incur debt and defer its payment.

Creditors. Those who regularly engage in the business of selling or leasing goods or services or lending money to persons for personal, family, or household purposes who either impose a finance charge **or** agree to accept payment by written agreement in more than four installments (deferred payment), must file notification and pay the \$25.00 annual fee for each business location. Every creditor who initiates a consumer sale or lease must file whether the contract is held or assigned or sold to a third party.

Assignees. Those who take assignments of and undertake collection of payments from or take assignments of and enforce rights against debtors arising from the above-mentioned sales, leases, or loans must file notification and pay the \$25.00 annual fee for each business location plus additional fees.

WHO IS EXEMPT?

Sellers who accept lender credit cards (e.g. bank credit cards) **EXCLUSIVELY** need not file.

Creditors who sell or lend **EXCLUSIVELY** for business or agricultural purposes need not file. (Business purposes means a business selling to other businesses only - no consumer business).

WHO MUST PAY ADDITIONAL FEES?

Creditors and Assignees who are required to file notification shall pay an additional fee of \$15.00 for each \$100,000 or part thereof, of the average unpaid balance. The average unpaid balance is the sum of the dollar amounts outstanding of all consumer credit transactions entered into in this state or taken by assignment and held on the last day of each month for the previous calendar year divided by the number of months in a year. The total dollar amount outstanding includes unpaid payments under consumer leases.

Creditors and Assignees who assign consumer credit transactions to assignees which are not registered with our office must pay volume fees on the total amount of assigned obligations. The OSBC website contains a listing of approved Notification Registrants at www.osbckansas.org. Creditors and assignees will pay an additional fee of \$5.00 for each \$100,000 or part thereof on the total amount assigned to third parties who do not file notification.

For your assistance: Page 2 provides instructions and examples on computing fees due. Page 4 contains a "Calculation Sheet." Pages 5 and 6 may be used to list branch locations and assignee information. All pages must be returned.

INSTRUCTIONS FOR COMPUTATION OF FEES

PLEASE NOTE – WE HAVE SUPPLIED A CALCULATION SHEET BEHIND THE NOTIFICATION FORM AS A TOOL TO FACILITATE YOUR COMPLETION OF THE REQUIRED FORMS. THE CALCULATION SHEET MUST BE RETURNED.

ANNUAL FEE:

Item 1. Those required to file shall pay an annual fee of \$25.00 for each business location from which consumer credit transactions are made and/or taken by assignment. Number of locations times \$25.00 is the total annual notification fee payable.

EXAMPLE: If you have four locations, the annual fee would be calculated the following way:

4 (# of locations) x \$25 (fee for each location) = \$100 (total annual fee)

ADDITIONAL FEES:

Item 2. Consumer credit business. To be completed by all CREDITORS and ASSIGNEES.

Item 2a. The average unpaid balance is the sum of the dollar amounts outstanding of all consumer credit transactions, including unpaid payments under consumer leases, held on the last day of each month for the previous calendar year divided by the number of months in a year. You must pay an additional fee of \$15.00 per \$100,000 or part thereof of the average unpaid balance.

EXAMPLE: You have the following month end balances for each month on consumer credit sales and leases:

January 31	\$66,000	May 31	\$93,000	September 30	\$97,000
February 28/29	114,000	June 30	127,000	October 31	115,000
March 31	84,000	July 31	129,000	November 30	70,000
April 30	89,000	August 31	126,000	December 31	<u>93,000</u>
Total month end balances for the previous calendar year:					\$1,203,000
Divide total month end balances by 12 months: (\$1,203,000/12)					= <u>\$100,250</u> (average unpaid balance)
Additional fees due: (\$15 per \$100,000 or part thereof - \$15 x 2 = \$30)					\$30

Item 2b. If consumer credit sales or leases are assigned during the year to any person(s) or organization(s) who has **not** filed notification with this agency, you must total the amounts assigned to non-filers for the year. On the OSBC website at www.osbckansas.org, search the list of approved Notification Registrants to determine if an assignee has filed notification. You must pay an additional fee of \$5.00 per \$100,000 or part thereof, of consumer credit sales and/or leases assigned to non-filers.

EXAMPLE: If you assign contracts to one **or** more companies not listed on the website www.osbckansas.org and the amount of consumer credit sales and leases assigned totaled \$210,000 for the year, the additional fees due would equal to \$15.

$$\begin{array}{r}
 \$100,000 = \$5 \\
 100,000 = 5 \\
 \underline{10,000} = \underline{5} \\
 \$210,000 = \mathbf{\$15} \text{ (additional fees due)}
 \end{array}$$

TOTAL FEES PAYABLE:

Item 3. Total of Items 1, 2a and 2b. Make check payable to Office of the State Bank Commissioner.

EXAMPLE: \$100 (annual fee) + \$30 (additional fees) + \$15 (additional fees to non-filers) = \$145 (total fees payable)

EXAMPLE OF COMPUTATION OF FEES

ANNUAL FEE:

1. Number of Business Locations 4 X \$25.00.....\$ 100.00

HAVE YOU EXTENDED CONSUMER CREDIT OR TAKEN ASSIGNMENT OF OR HELD CONSUMER CREDIT TRANSACTIONS DURING THE PREVIOUS CALENDAR YEAR?

YES NO (If you checked 'No', proceed to Item 3)

ADDITIONAL FEES - Must complete CALCULATION SHEET to determine fees below:

2. CREDITORS AND ASSIGNEES:
- a. Additional fees for average unpaid balances (See Line 3 on *Calculation Sheet*).....\$ 30.00
 - b. Additional fees for assignments to non-filers (See Line 5 on *Calculation Sheet*).....\$ 15.00
3. **TOTAL FEES PAYABLE:** (Items 1, 2a and 2b) (FOR ILLUSTRATIVE PURPOSES ONLY)**\$ 145.00**

KANSAS NOTIFICATION FORM for NEW REGISTRANTS Date _____

Persons engaged in making Kansas Consumer Credit Sales, Leases and/or Loans and the Assignees of obligations arising from these transactions shall file notification and pay prescribed fees within 30 days after commencing business in this State, and thereafter on or before **April 30** of each year. Renewal forms will be mailed in March to all approved notification registrants. Make check payable to **Office of the State Bank Commissioner, 700 SW Jackson St., Suite 300, Topeka, Kansas 66603-3796.**

A. Name of Applicant _____
 (Legal Name of Company under which business is transacted. Add a dba name after legal name, if applicable.)

Federal Tax Identification Number _____ Internet Website Address _____

B. Contact Person _____ Phone # _____

C. Complete Address of Applicant _____

D. Mailing address if different than C. _____

E. Type of Business Conducted _____

F. Business is Conducted: At Office () By Mail () Internet () Other Electronic Means ()-Specify Type: _____

G. **Number of Locations** from which Kansas consumer credit transactions are made or taken assignment: _____
 List Full Name and Address for each location (**Please complete Attachment A if necessary**).

<u>Location Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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1. _____
2. _____

H. **Contracts assigned or sold** to a Third Party, list Name and Address of each Assignee below, and the number and dollar amount of contracts assigned or sold during the previous calendar year. Notate whether assignee company has filed notification (See list at www.osbckansas.org). (**Please complete Attachment B if necessary**).

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Number</u>	<u>Amount (\$)</u>	<u>Assignee files Notification?</u>
1. _____	_____	_____	_____	_____	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____	_____	_____	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPUTATION OF FEE & RECONCILIATION (See Instruction Sheet)

ANNUAL FEE:

1. Number of Business Locations (See Item G. above) _____ X \$25.00.....\$ _____

HAVE YOU EXTENDED CONSUMER CREDIT OR TAKEN ASSIGNMENT OF OR HELD CONSUMER CREDIT TRANSACTIONS DURING THE PREVIOUS CALENDAR YEAR?

YES NO (If you checked 'No', proceed to Item 3)

ADDITIONAL FEES – Must complete CALCULATION SHEET on Page 4 to determine fees below:

2. CREDITORS AND ASSIGNEES:
 - a. Additional fees for average unpaid balances (See Line 3 on *Calculation Sheet* on Pg. 4).....\$ _____
 - b. Additional fees for assignments to non-filers (See Line 5 on *Calculation Sheet* on Pg. 4).....\$ _____
3. **TOTAL FEES PAYABLE:** (Add Items 1, 2a and 2b)\$ _____

OATH OF APPLICANT - I hereby notify you that we are or plan to be engaged in extending consumer credit or taking assignment of consumer credit transactions and verify the amounts stated above are true and correct to the best of my knowledge.

Signature _____ Print Name _____

*Email Address: _____ *required

FAILURE TO FILE A COMPLETE AND ACCURATE NOTIFICATION MAY RESULT IN PENALTIES INCLUDING FINES.

CALCULATION SHEET

Complete this page along with "Computation of Fee & Reconciliation" section on Page 3. You must return this page.

SECTION 2A – AVERAGE UNPAID BALANCES

List combined month-end balances on all consumer credit transactions for the month(s) held during the previous calendar year (See Item 2a on Instruction Sheet for assistance).

January 31	\$ _____	May 31	\$ _____	September 30	\$ _____
February 28/29	\$ _____	June 30	\$ _____	October 31	\$ _____
March 31	\$ _____	July 31	\$ _____	November 30	\$ _____
April 30	\$ _____	August 31	\$ _____	December 31	\$ _____

Line 1. Total of the month-end balances listed above.....\$ _____

Line 2. Divide Line 1 by 12.....\$ _____

Line 3. Additional Fees Due - **\$15** for every \$100,000 or part thereof on Line 2....\$ _____
(Minimum fee is \$15 unless Line 2 is zero) (Enter this amount on Item 2a on Page 3)

SECTION 2B – ASSIGNMENTS TO NON-FILERS

List the total amount of consumer credit transactions assigned or sold during the previous calendar year to third parties who **have not filed notification**. Complete this section in conjunction with Item H on Page 3 (See Item 2b on Instruction Sheet for assistance). **To determine whether an assignee has filed notification, see the list of approved Notification Registrants on the OSBC website at www.osbckansas.org.**

Non-filer #1	\$ _____	Non-filer #6	\$ _____	Non-filer #11	\$ _____
Non-filer #2	\$ _____	Non-filer #7	\$ _____	Non-filer #12	\$ _____
Non-filer #3	\$ _____	Non-filer #8	\$ _____	Non-filer #13	\$ _____
Non-filer #4	\$ _____	Non-filer #9	\$ _____	Non-filer #14	\$ _____
Non-filer #5	\$ _____	Non-filer #10	\$ _____	Non-filer #15	\$ _____

Line 4. Total of the amounts listed above.....\$ _____

Line 5. Additional Fees Due - **\$5** for every \$100,000 or part thereof on Line 4.....\$ _____
(Minimum fee is \$5 unless Line 4 is zero) (Enter this amount on Item 2b on Page 3)

RETURN ALL PAGES WITH NOTIFICATION FILING

**ATTACHMENT A
NUMBER OF LOCATIONS**

Your Company Name: _____

This sheet is provided to answer Item G on Page 3 regarding your **Number of Locations**.

Locations from which Kansas consumer credit transactions are made or taken assignment:

Company Name	Complete Address (Street, City, State, Zip)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

RETURN ALL PAGES WITH NOTIFICATION FILING

**ATTACHMENT B
CONTRACTS ASSIGNED OR SOLD**

Your Company Name: _____

This sheet is provided to answer Item H on Page 3 regarding your **Contracts Assigned or Sold**.

If contracts are assigned or sold to a third party, list Name and Address of each assignee below, the number and dollar amount of contracts assigned or sold during the previous calendar year, and indicate if the assignee is a notification filer. To determine if an assignee has filed, see the OSBC website which contains a listing of approved Notification registrants at www.osbckansas.org.

Company Name	Complete Address	Number of Contracts Assigned	Total Dollar Amount Assigned	Is Third Party a Notification Filer? Yes or No
1.				Yes <input type="checkbox"/> No <input type="checkbox"/>
2.				Yes <input type="checkbox"/> No <input type="checkbox"/>
3.				Yes <input type="checkbox"/> No <input type="checkbox"/>
4.				Yes <input type="checkbox"/> No <input type="checkbox"/>
5.				Yes <input type="checkbox"/> No <input type="checkbox"/>
6.				Yes <input type="checkbox"/> No <input type="checkbox"/>
7.				Yes <input type="checkbox"/> No <input type="checkbox"/>
8.				Yes <input type="checkbox"/> No <input type="checkbox"/>
9.				Yes <input type="checkbox"/> No <input type="checkbox"/>
10.				Yes <input type="checkbox"/> No <input type="checkbox"/>
11.				Yes <input type="checkbox"/> No <input type="checkbox"/>
12.				Yes <input type="checkbox"/> No <input type="checkbox"/>
13.				Yes <input type="checkbox"/> No <input type="checkbox"/>
14.				Yes <input type="checkbox"/> No <input type="checkbox"/>
15.				Yes <input type="checkbox"/> No <input type="checkbox"/>

RETURN ALL PAGES WITH NOTIFICATION FILING

Confidential Background Information Consent Form
For Owners, Officers and Partners

SECTION A: NEW Owner, Officer, or Partner Information and Attestation

I understand the Kansas Office of the State Bank Commissioner may conduct an investigation of the applicant and the applicant's owners, officers and partners for the purpose of determining the suitability of the applicant named below to hold a Supervised Loan License or a Mortgage Company License in the State of Kansas. I hereby authorize and request all state and federal law enforcement authorities, all state and federal regulatory and licensing authorities, and all credit reporting agencies to furnish information about me regarding criminal records, investigations, background information, licensing, credit reports, and other information of whatever kind and nature, whether known to me or otherwise, to the Kansas Office of the State Bank Commissioner. Further, I understand the Kansas Office of the State Bank Commissioner shall be under no obligation to disclose such information to me or any other person, and that if such information indicates a violation of law; it may be shared with any agency responsible for investigating or prosecuting the violation. A copy of this authorization shall be accepted with the same force and validity as the original.

(Print full name of owner, officer or partner) (Title or Position)

(Email Address) (Phone Number)

Residence Address: (Street) (City) (State) (Zip Code)

(Date of birth) (Social Security Number*)

Name of Company (applicant/licensee): _____

Provide the Kansas license number of your company: _____
(N/A if submitted with a new application)

BACKGROUND QUESTIONS. Have you ever:

- a. been the subject of any administrative or judicial judgments?
- b. been the subject of any tax liens or other liens of any nature?
- c. filed for personal or business related bankruptcy?
- d. had a license or other authority to conduct business suspended, revoked, or denied?
- e. been named as a defendant in any form of civil litigation related, directly or indirectly, to consumer or mortgage lending activities, or involving fraud, dishonesty, or deceit?
- f. been charged or convicted of any crime (other than minor traffic violations)?

_____ No _____ Yes (If "Yes" to any of the above, provide a detailed explanation on an attached sheet.)

Do you have a financial interest in or hold a position with any other licensee under the Kansas Mortgage Business Act or the Kansas Uniform Consumer Credit Code?

_____ No _____ Yes (If "Yes," provide a detailed explanation on an attached sheet.)

X _____
(Signature of owner, officer or partner listed above) (Date)

STATE OF _____) COUNTY OF _____)

Sworn and subscribed before me on _____ by _____
(Date) (Print name of individual listed above)

(NOTARY SEAL) _____ My commission expires: _____
Notary Public Signature

SECTION B: Fingerprint Card and Processing Fee Requirement

Each new owner, officer or partner of applicant or licensee must include a completed fingerprint card and the **\$48 fingerprint processing fee**. Only one fingerprint card is required per individual. Fingerprint cards should be requested by the contact person located at the mailing address of the applicant/licensee.

TO REQUEST FINGERPRINT CARDS:

1. Complete a [Fingerprint Card Request Form \(Form H\)](#) available on the OSBC website and may be completed online at: www.osbckansas.org/cml/applications/sl_mc_fingerprint_request.pdf. The requested number of fingerprint cards with instructions will be mailed to the contact person at the mailing address of the licensee to distribute to individuals meeting the fingerprint requirements.
2. The fingerprint card must be completed as directed in [the instructions](#). Applicants/Licensees must submit both the completed fingerprint card and this consent form to the OSBC with the appropriate processing fee. Fingerprint cards must be dated within one year of submission to the OSBC, as required by the Kansas Bureau of Investigation.

SECTION C: OSBC-Authorized Owner, Officer, or Partner Attestation**

***Currently OSBC-authorized individuals are those who have been identified by your company and have submitted Confidential Background Information Consent Forms to the OSBC. Signatures of unauthorized individuals will not be accepted.*

Make appropriate selection below:

- This form is submitted in conjunction with a new company application; therefore, there is no existing OSBC-authorized** owner, officer, or partner to provide the below attestation. *Instructions: Leave below section blank. Submit form, completed fingerprint card, and attachments.*
- This form is submitted in conjunction with the addition of an individual owner/officer/partner to a currently licensed company. *Instructions: Where appropriate, an existing owner, officer, or partner of the Licensee must complete this section. Submit form, completed fingerprint card, and attachments. For changes in ownership where all prior owners, officers, and/or partners have changed, then check this box and attach the sale agreement and signatures of existing owner(s) authorizing the company sale or transfer of ownership.*

Company Name: _____

(Print Name of Authorized Individual—other than in Section A above)

(Title or Position)

I hereby advise the OSBC of the addition of the individual named above as an owner, officer, or partner. I understand I am required to notify the OSBC within 10 days of the addition or departure of any owner, officer, or partner by submitting the required documents and fees. I further understand that licenses are non-transferable and non-assignable, and no other entity may conduct business under the authority of our license. I understand I am required to notify the OSBC in writing and provide detailed information regarding corporate reorganizations or structure changes.

(Signature of Authorized Individual—other than in Section A above)

(Date)

Mail Form and Fee(s) to:

OFFICE OF THE STATE BANK COMMISSIONER
700 SW Jackson St., Suite 300
Topeka, KS 66603-3796

*Providing a social security number is voluntary, however, if it is not provided application processing may be delayed. The number is requested pursuant to K.S.A. 9-2201 et seq., and/or 16a-1-101 et seq., and may be used to identify applicants in criminal history and financial information investigations, provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and/or provided to the Kansas Department for Children and Families pursuant to K.S.A. 74-148 and K.S.A. 39-758.

State of Kansas
OFFICE OF THE STATE BANK COMMISSIONER
700 SW Jackson St., Suite 300
Topeka, Kansas 66603-3796
785-296-2266 Fax: 785-296-6037

SURETY BOND
SUPERVISED LENDER or MORTGAGE COMPANY

Bond Number _____ Amount \$ _____

KNOW ALL MEN BY THESE PRESENTS, that we,

(applicant/licensee name)

of the City of _____, County of _____, State of _____ as principal and obligor, and _____ as

Surety are held and firmly bound unto the State of Kansas, Office of the State Bank Commissioner (hereinafter "OSBC") in the penal sum of \$_____ for payment of which, well and truly to be made, we hereby bind ourselves and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal is applying to become a licensed supervised lender pursuant to K.S.A. 16a-2-302, or has applied for a license to conduct mortgage business pursuant to K.S.A. 9-2204, and seeks to establish, meet, and maintain the financial responsibility requirements of the OSBC during the term of the subject license or registration by tender of the within bond,

NOW, THEREFORE, the condition of the foregoing obligation is such that:

1. If the Principal faithfully performs all its obligations under applicable state and federal law, including the Uniform Consumer Credit Code ("UCCC"), K.S.A. 16a-1-101 *et seq.* and amendments thereto, and/or the Kansas Mortgage Business Act ("KMBA"), K.S.A. 9-2201 *et seq.* and amendments thereto, or any rule or regulation lawfully adopted under said Code and/or Act with respect to acting as a supervised lender or mortgage lender or broker, this obligation will be void; otherwise the same will remain in full force and effect.

2. Surety agrees to promptly (within sixty [60] days) remit payment as instructed by the OSBC upon receiving notice that any of the following has not been paid by the Principal: any lawful expenses incurred, or fees levied, by the OSBC; any expenses, fines, fees, or refunds pursuant to a settlement agreement with the OSBC; any expenses, fines and fees that become lawfully due pursuant to a final judgment or order; or any losses or damages which are determined by the OSBC to have been incurred by any borrower or consumer as a result of the Principal's, or its agent's, failure to faithfully comply with the provisions of Kansas law, including the requirements of the UCCC and/or the KMBA, or any rule or regulation lawfully adopted under said Code and/or Act.

PROVIDED, that the Surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants.

FURTHER PROVIDED that this Bond shall remain effective continuously subject to the termination or reduction in liability as provided in this paragraph. The Surety shall have the right to terminate or reduce its liability hereunder only by giving the Principal and the OSBC written notice of such termination by written notification via certified mail to the State of Kansas Office of the State Bank Commissioner at least thirty (30) days prior to the effective date of such termination; provided, however, that the Principal and Surety shall be and remain liable for a period of two (2) years from the date of termination for any action or inaction of Principal, occurring during the effective period of the bond, that

gives rise to a claim under this bond, unless released in writing, in whole or in part, from such liability by the Administrator or the Commissioner.

FURTHER PROVIDED that after giving notice of termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the OSBC indicating that the Surety desires to continue as surety for the licensee and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the Surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

THIS BOND shall be effective on and after _____, or, if left blank, the day of execution by Surety shall be the effective date of the bond. The bond shall be effective, if accepted by the OSBC, without further notice.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this ___ day of _____, _____.

[CORPORATE SEAL]
(If Any)

LICENSEE:

(Licensee's Name)

(Signature)

(Print Signature Name)

(Title) (Date)

Surety Must Attach Power of Attorney

(Surety)

(Signature)

(Print Signature Name)

(Telephone Number) (Date)

Name, address, and telephone number of the Surety representative to contact in the event a claim must be filed:

STATE OF KANSAS
OFFICE OF THE STATE BANK COMMISSIONER
CONSUMER AND MORTGAGE LENDING DIVISION
 785-296-2266 Fax: 785-296-6037

State Regulator Questionnaire on Applicant

APPLICANT SECTION: Duplicate this form as needed. Complete this section and forward to the regulatory authorities of the states in which you are currently licensed to conduct business. Include a stamped envelope addressed to the agency below.

Name and Address of Company (Applicant): _____

(Street address)

(City)

(State)

(Zip Code)

Date of Original License: _____ Type of License: _____

License Number: _____ Expiration Date: _____

I hereby authorize the State of _____ to furnish the information requested below.

Date: _____ Name and Title _____ Signature _____

STATE REGULATOR SECTION: The above named company has made application to conduct business in Kansas. The applicant stated that they are licensed and regulated by you. Please respond to the following questions and return the completed form to the address stated below.

- | | | | |
|----|--|----------|--------------------------------------|
| 1. | Is the applicant information listed above accurate? | _____ No | _____ Yes |
| 2. | Did you conduct an investigation of this applicant prior to issuing a license? | _____ No | _____ Yes |
| 3. | Have you received any complaints against this applicant? | _____ No | _____ Yes |
| 4. | Have you conducted an examination or audit of their operation? | _____ No | _____ Yes |
| 5. | Have you taken any disciplinary action against this company? | _____ No | _____ Yes (If "Yes", please explain) |

6. Any additional comments will be appreciated. Please attach additional pages if necessary.

I certify that the information contained herein and attached is true and correct according to the official records of this State.

Date _____ State Agency Name _____

Name and Title of person completing questionnaire _____

Telephone No. _____ Signature _____

Please return completed questionnaire to:

**OFFICE OF THE STATE BANK COMMISSIONER
 CONSUMER AND MORTGAGE LENDING DIVISION
 700 SW JACKSON ST., SUITE 300
 TOPEKA, KS 66603-3796**

INSTRUCTIONS: Complete this form and return it with the **\$300.00 fee** for each additional branch office to be licensed. Make checks payable to: **Office of the State Bank Commissioner (OSBC), 700 SW Jackson St., Ste. 300, Topeka, KS 66603-3796.**

Supervised Lender New Branch Application

1. Current Kansas Supervised Lender License Number*: _____
(*N/A if submitted with a NEW Supervised Loan License Application)

2. Name of Company: _____
(Legal Name)

3. Trade name (d/b/a), if applicable*: _____
***Note: Trade names (d/b/a) cannot contain words such as Company, Corporation, Incorporated, Co., Inc., Corp., LTD, LLC, or LLP. If you have further questions please contact the OSBC.**

4. Branch business address: _____
(City) (State) (Zip Code) (Street) Phone: (____) _____

5. Are any other business activities, including business by another company, being conducted at this business address?
_____ No _____ Yes (If "Yes," please explain) _____

6. For examination purposes: Are loan documents maintained at this location? _____ Yes _____ No
(If "No," please explain) _____

To be completed by Authorized Owner, Officer or Partner of Supervised Loan Licensee:

(Authorized individuals are those who have been identified by your company and have submitted Confidential Background Information Consent Forms to the OSBC. Signatures of unauthorized individuals on this form or any other applications submitted to the OSBC will not be accepted.)

I hereby request the addition of the new branch location identified above. I understand Supervised Lenders are responsible for all activities conducted at their branch locations. I understand I am required to notify the OSBC within 10 days of the address change or closure of branch locations. I further understand that Supervised Loan Licenses are non-transferable/non-assignable, and no other entity may conduct business under authority of our Supervised Loan License.

Signature of authorized owner, officer or partner: _____

(Print Name of owner, officer or partner) (Title or Position) (Date)

STATE OF _____) COUNTY OF _____)

Sworn and subscribed before me on _____ by _____
(Date) (Print Name of owner, officer or partner listed above.)

(NOTARY SEAL) _____ My commission expires: _____
Notary Public Signature

New Branch Application Fee: \$300.00 for each NEW branch location to be licensed.

NOTE: In addition to submitting a new branch license application, a rider to your existing surety bond increasing the coverage amount may be necessary. Review the surety bond requirements and contact the OSBC with questions. If applicable, enclose the necessary Confidential Background Information Consent Forms (Form A) for any owner, officer or partner associated with this location not already on file with the Office of the State Bank Commissioner.

