



MISSOURI SECURE AND FAIR ENFORCEMENT FOR MORTGAGE LICENSING ACT

**APPLICATION FOR CHANGE OF OWNERSHIP OR CONTROL**

**NOTICE & FEE REQUIREMENT**

At least forty-five (45) days prior to a proposed change in ownership or control, an application form for such change shall be filed with the Division of Finance. Each form shall be accompanied by an investigation fee of \$50 for one individual or \$100 for two or more individuals. Checks shall be made payable to the Missouri Division of Finance. In addition, an acknowledgment from the bonding company stating that the current bond will remain in effect shall be submitted.[Pursuant to Regulation 20 CSR 1140-30.250(2)]

**MAILING INSTRUCTIONS**

This form (signed by an authorized company representative), the applicable fee, background release forms, and fingerprint cards must be filed with: Division of Finance, 301 W High Street Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716. If utilizing a courier service please omit the P.O. Box and use zip code 65101

LICENSEE NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

LICENSEE ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ EMAIL \_\_\_\_\_

Please list each new individual or entity below and the person they are replacing (if any). Please have each proposed new owner/control person complete pages 2-5. A separate resume may be substituted for the page 5 form. (use additional pages if necessary)

NEW INDIVIDUAL/ENTITY \_\_\_\_\_ TITLE \_\_\_\_\_

FORMER INDIVIDUAL IN THIS CAPACITY \_\_\_\_\_

NEW INDIVIDUAL/ENTITY \_\_\_\_\_ TITLE \_\_\_\_\_

FORMER INDIVIDUAL IN THIS CAPACITY \_\_\_\_\_

Company Representative: I, \_\_\_\_\_, declare under penalty of perjury that I am authorized to sign this notice on behalf of the licensee and that the information contained in this notice is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **ACCESS TO CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION**

The Commissioner of Finance will conduct a financial and business responsibility background check, including a check of criminal records, as may be required for the investigation of a license application. This form must be signed by all directors, principal shareholders, partners, members, proprietors, and by anyone who influences management (including officers).

Pursuant to section 7 of the Privacy Act of 1974, 5 U.S.C 552a, you are hereby advised that disclosure of your social security number is mandatory under sections 443.821 and 443.825 RSMo. The social security number will be used in our background investigation of an individual's criminal history and financial background.

### **PRIVACY RIGHTS OF APPLICANTS SUBJECT TO CRIMINAL BACKGROUND CHECKS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- The Missouri Division of Finance will use your fingerprints to check your criminal history record of the FBI.
- If you have a criminal history record, the Missouri Division of Finance will provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, the Missouri Division of Finance will afford you, reasonable amount of time to correct or complete the record (or decline to do so) before the Missouri Division of Finance denies you a license based on information in the criminal history record. (See 28 CFR 50.12(b).)

The results received by the Missouri Division of Finance from your criminal history record check will be used only for authorized purposes and will not retain or disseminate them in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Company Council. (See 5 U.S.C. 552a (b); 278 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

You may obtain a copy of your criminal record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, the Missouri Division of Finance may provide you a copy of your record and you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

ACCESS TO CREDIT RECORDS AND LAW ENFORCEMENT INFORMATION (Continued)

Authorization & Acknowledgement Page

I hereby authorize the Commissioner of Finance to conduct a financial and business responsibility background check, including a check of criminal records, as may be required for the investigation of a license application. I also acknowledge receipt of the notices that appear on the above page (page 2) of this form.

1) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

2) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

3) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

4) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

5) Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

**EACH REQUIRED SIGNATORY ON THIS PAGE MUST SUBMIT TWO SETS OF FINGERPRINT CARDS. INDIVIDUALS ARE REQUIRED TO OBTAIN THE FINGERPRINTS BY VISITING A LOCAL, COUNTY OR STATE LAW ENFORCEMENT AGENCY AND REQUEST TO BE FINGERPRINTED ON THE STANDARD FINGERPRINT CARD CURRENTLY IN USE FOR FBI RECORD CHECKS. INDIVIDUALS WILL PAY ANY FEE REQUIRED BY THE LAW ENFORCEMENT AGENCY FOR THIS SERVICE. THE SAME INDIVIDUALS MUST COMPLETE THE MISSOURI HIGHWAY PATROL FORM "REQUEST FOR CRIMINAL RECORD CHECK" ON THE NEXT PAGE.**



## RESUME

NAME:	DATE OF BIRTH:
HOME ADDRESS (City, State, Zip Code, Phone #)	PLACE OF BIRTH:
	PERCENT OWNED IN MORTGAGE BROKER COMPANY APPLYING FOR LICENSE:
BUSINESS ADDRESS (City, State, Zip Code)	LENGTH OF RESIDENCE IN COMMUNITY:
Social Security Number or assigned Internal Revenue Identification Number:	Trade names and/or other names used in place of given name:
List principal civic, professional, social, or other organizations in which you have membership:	

**Résumé of Education:**

Have you ever been adjudged a bankrupt or had to work out a compromise with your creditors?  Yes  No If "Yes," give details in the following schedule.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition

Are you involved as defendant or plaintiff in any civil litigation?  Yes  No If "Yes," give details in the following schedule.

Title and Nature of Lawsuit or Proceeding	Date	Name and Address of Court Where Pending	Amount

Have you ever been indicted or pleaded nolo contendere to any criminal matter involving dishonesty or breach of trust in any State or Federal Court?  Yes  No If "Yes," give details in the following schedule.

Nature of Charge	Date	Jurisdiction & Location	Disposition

**EMPLOYMENT RECORD**  
(Include present and all past employment)

Date From To	Name, Location and Type of Business	Position Held and Nature of Duties

**BUSINESS AFFILIATIONS**

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

**CERTIFICATE**

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Division of Finance for its confidential use. I understand, however, that notwithstanding the foregoing, the Division of Finance may release all or part of the information furnished herein where such release is made in connection with the investigation of a possible violation of any Federal or State statute (or where such release is determined to be in the best interests of the Division of Finance and consistent with the public interest and applicable law).

Signature \_\_\_\_\_ Date signed \_\_\_\_\_