State of New Hampshire

Banking Department

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Concord, NH 03301

GLENN A. PERLOW
BANK COMMISSIONER

INGRID E. WHITE
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Telephone: (603) 271-3561
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www.nh.gov/banking

SMALL LOAN LENDER LICENSE APPLICATION FORM

General Instructions

Use this form when newly applying for a license or when amending information on file with the department. When terminating or surrendering a NH small loan license use the License Surrender/Expiration form available on our website at www.nh.gov/banking/consumer-credit.

1. **New Application:** Use this form when newly applying for a license. Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.

2. **Amendment Filing:** Use this form to amend information on file with the department. The required fields to complete are the "Date of Filing", the "Effective Date", check off "Amendment", and complete 1A and 1B; then you only need to enter and circle the information on the form that is being amended (information that has changed from what is on file with the department). To amend information on Schedules A & B (principals of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer-credit.

3. **Surrender or Expiration:** When a licensed company surrenders its license or allows it to expire without renewal at year end it must file a NH License Surrender/Expiration form. Go to our website at www.nh.gov/banking/consumer-credit and get the NH License Surrender/Expiration form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be licensed wherever it is located. The fee for a small loan license is $450 for the principal location. Only those business locations of the *applicant* that are located in New Hampshire must be licensed as branches (use the NH Branch Office Form included with this application and pay the $450 fee for each NH branch). Each branch will be licensed for and may conduct the type of small loan business that the *applicant* is licensed to conduct.

Please make sure the following are included with the application:

1. Small Loan Lenders who make title loans or payday loans must maintain a licensed office location in New Hampshire. The office location must be accessible to consumers and open during normal business hours.

2. Small Loan Lenders must have $25,000 cash either available for loans or actually invested in loans at each license location. In lieu of the cash requirement, the small loan lender may post a $25,000 surety bond.

3. Foreign (not formed in New Hampshire) entities must appoint a NH agent. The agent must have a NH business address open during normal business hours. If the *applicant* does not maintain a NH office, Banking Department examinations of the licensee's books and records may take place at the NH agent's location.

4. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244; www.nh.gov/sos/corporate)

5. Foreign and domestic *applicant*s who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the *applicant*. If these are not the same, ownership must be changed through the Secretary of State's office.

6. Submit specimens of all loan contracts to be used with NH consumers.

7. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws, and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.

8. An Organizational Chart showing the ownership of the company.

9. Financial statements must be consistent with the legal status of the *applicant*. Corporations must provide the corporation's financial statements. If the financial statements are more than 6 months old, additionally provide interim balance sheet and income statement as of the *applicant*'s last quarter end. Individuals, sole proprietors, partnerships, limited liability companies and closely held corporations must also submit a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).

10. A list of names and Tax ID numbers of applicable owners, officers, directors, members, partners, trustees, beneficiaries and NH branch managers must be provided on Schedules A & B on this form. The instructions to those schedules explain the reporting thresholds. File an MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form and fingerprint card for each individual on the list.

11. Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a $49.75 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* can be downloaded from our website. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of this form as well as certain Contact Persons listed on this application. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized. **All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records."**

    Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may complete a form on our website, www.nh.gov/banking/consumer-credit, call ***(603) 271-8675*** or e-mail *licensing@banking.state.nh.us* at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

12. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of $49.75 payable to "State of NH – Criminal Records", **for each individual listed on Schedules A & B of this form**, as well as certain Contact Persons listed on this application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

13. Applicable definitions:

    A. "Applicant" – The small loan lender applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

    B. "Control" – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any person that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

    C. "Direct Owner" means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the applicant or licensee.

    D. "Financial Services" or "Financial Services-Related" – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

E. “Indirect Owner” means, with respect to direct owner and other indirect owners in a multilayered organization:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;

(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership’s capital;

(c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;

(d) in the case of an owner that is a Limited Liability Company (“LLC”), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC’s capital, and (ii) if managed by elected managers, all elected managers; and

(e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

F. “Jurisdiction” - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

G. “Licensee” – The small loan lender that holds a New Hampshire license and is amending information on this form.

H. “Person” means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.

I. "Principal" of the *applicant* or licensee means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or licensee, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions and certain Contact Persons listed on this application. New Hampshire branch managers are *principals* of the company, but are reported on the NH Branch Office Form rather than on Schedule A of this License Application/Amendment Form.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the *applicant*’s name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to request additional information.

For additional information regarding the NH State Statute for the Regulation of Small Loans, Title Loans, and Payday Loans (RSA 399-A), please visit http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVI-399-A.htm.

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FOR OFFICE USE ONLY	NEW HAMPSHIRE SMALL LOAN LENDER APPLICATION FORM	SMALL LOAN LENDER ☐ $450
Ck. # _____ Amt.$_____ Rec'd by _____ Date _____ ********** Entered By_____ Date_____ App. Complete Date _____ Approved By _____ Date _____	Date of Filing: _____ Effective Date: _____	NH BRANCH OFFICES, ENTER TOTAL @ $450 EACH $_____ FEES APPLY FOR NEW LICENSE ONLY, NOT FOR AMENDMENTS **Make Check Payable to:** "STATE OF NEW HAMPSHIRE"

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the State of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ | AMENDMENT ☐ ***To amend, circle item(s) being amended.***

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant:*

A. Full legal name of *applicant*:
(if sole proprietor, provide last, first and middle name)

_____

B. IRS Employer Identification Number
(Social Security No is allowed for sole proprietorship)

_____

C. (1) Trade Name under which business primarily is or will be conducted in New Hampshire, if different from Item 1A (attach copy of NH Trade Name registration issued by the NH Secretary of State).

_____

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

	1. Name	*Jurisdiction*	2. Name	*Jurisdiction*
	3. Name	*Jurisdiction*	4. Name	*Jurisdiction*

D. If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the

☐ applicant name (1A) or ☐ business trade name (1C): _____

E. Main address: (Do not use a P.O. Box)

_____
Number and Street | City | State/Country | Zip+4/Postal Code

F. Mailing address, if different:

_____
PO Box or Number and Street | City | State/Country | Zip+4/Postal Code

G. Telephone Numbers and Website address:

Business phone

Area Code Telephone Number

website address #1

Fax line

Area Code Telephone Number

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices located in New Hampshire?

☐ YES ☐ NO Branch office located In New Hampshire must be approved and licensed prior to conducting business. Use the NH Branch Office Form available on our website.

I. Contact Employee (President, Chief Executive Officer or Senior Partner of *Applicant*): **This is an individual who directs the management and sets policies of the company. An MU2 (NH Individual Disclosure Form) and background check authorization are required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

J. Principal Licensing Contact Person: This is the individual who may sign this application form and to whom all licensing questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. **If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.** The Principal Contact Licensing Person may be the same as the person named in 1I above.

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

K. Employee authorized to respond to consumer complaints: **This is the individual who has the authority to represent the company in dealing with consumer complaints. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

L. Employee to contact regarding legal/litigation matters: **This is the individual who has the authority to represent the company in dealing with legal and litigation matters. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title

Area Code Telephone Number

Number and Street City

State/Country Zip+4/Postal Code

E-mail Address

Fax Number

M. Employee to contact regarding examination matters: **This is the individual who has the authority to represent the company in dealing with examination matters. If this individual has decision-making authority and can speak on behalf of the company, an MU2 (NH Individual Disclosure Form) and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.**

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

N. Physical address of location where the official books and records of the *applicant* will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

2. Enter appropriate number in the box(es) for each *jurisdiction:*

Enter "1" if *applicant* **is newly applying** in that *jurisdiction* as a small loan lender (SML).
Enter "2" if *applicant* has a **pending application** in that *jurisdiction* as a small loan lender (SML).
Enter "3" if *applicant* **is already licensed/registered** in that *jurisdiction* as a small loan lender (SML).

	SML		**SML**		**SML**		**SML**
Alabama		Idaho		Montana		Rhode Island	
Alaska		Illinois		Nebraska		South Carolina	
Arizona		Indiana		Nevada		South Dakota	
Arkansas		Iowa		New Hampshire		Tennessee	
California – DOC		Kansas		New Jersey		Texas – OCCC	
California – DRE		Kentucky		New Mexico		Texas – SML	
Colorado		Louisiana		New York		Utah	
Connecticut		Maine		North Carolina		Vermont	
Delaware		Maryland		North Dakota		Virginia	
District of Columbia		Massachusetts		Ohio		Washington	
Florida		Michigan		Oklahoma		West Virginia	
Georgia		Minnesota		Oregon		Wisconsin	
Guam		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico			

3. A. Indicate legal status of *applicant.*

☐ Corporation ☐ Sole Proprietorship ☐ Other *(specify)* _____
☐ Partnership ☐ Limited Liability Company

B. *Applicant's* fiscal year end (MM/DD): _____

C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed) and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation :

State & Country of formation: _____ Date of formation (MM/DD/YYYY): _____

D. If applicant is a publicly traded corporation, please insert stock symbol and the name of at least one exchange upon which the applicant's securities are traded: _____

E. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the *applicant* has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the *applicant does not have* a NH branch office or does not wish to appoint someone in a branch office, the *applicant* must appoint another person located in NH to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the licensee's books and records may take place at the registered agent's office.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent: _____
(Provide a NH business address to include the actual physical location, street, town or city and zip):

Mailing Address of Agent (if different): _____

	YES	NO
4. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any *person* that is engaged in the business of a small loan lender? *If no, go to 4B.*	☐	☐

This Partnership, Corporation, or Organization _____
Partnership, Corporation, or Organization Name

(check only one for each relationship, attach additional copies as needed)

☐ *controls applicant* ☐ is *controlled* by *applicant* ☐ is under common *control* with *applicant*

_____
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

_____

	YES	NO
B. Directly or indirectly, is *applicant controlled* by any of the following? *If no, go to 5.*	☐	☐

☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank
☐ Thrift Holding Company

_____
Financial Institution Name

_____
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

_____

C. Schedule A and, if applicable, Schedule B must be completed as part of all initial applications to identify principals of the *applicant*. Amendments to Schedules A and B must be provided on Schedule C as changes occur.

5. Check type(s) of small loan related business engaged in (or to be engaged in, if not yet active) by *applicant*.	YES	NO
A. Payday Loans	☐	☐
B. Title Loans	☐	☐
C. Other Small Loans	☐	☐
6. Will *applicant* engage in any non-small loan-related business? If "yes" briefly describe. _____	☐	☐
7. Will *applicant* occupy or share space with any *person(s)* engaged in *financial services-related* activity? If "yes," provide the name(s) of the other *person(s)*. _____	☐	☐

8. If the answer to any of the following is “YES”, provide complete details of all events or *proceedings* in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. **Remember to file updates to these disclosures as needed.**

Criminal Disclosure	**YES**	**NO**
A. Has the *applicant* or a *control affiliate* ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	☐	☐
(2) been *charged* with any *felony*?	☐	☐
B. In the past ten years has the *applicant* or a *control affiliate*:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor involving*: *financial services* or a *financial services-related* business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	☐	☐
(2) been *charged* with a *misdemeanor* specified in 8B(1)?	☐	☐

Regulatory Action Disclosure	**YES**	**NO**
C. Has any State or federal regulatory agency or *foreign financial regulatory authority* ever:		
(1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission or been dishonest, unfair or unethical?	☐	☐
(2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of a *financial services-related* regulation(s) or statute(s)?	☐	☐
(3) *found* the *applicant* or a *control affiliate* to have been a cause of a *financial services-related* business having its authorization to do business denied, suspended, revoked or restricted?	☐	☐
(4) entered an *order* against the *applicant* or a *control affiliate* in connection with a *financial services-related* activity?	☐	☐
(5) denied, suspended, or revoked the *applicant's* or a *control affiliate's* registration or license or otherwise, by *order*, prevented it from associating with a *financial services-related* business or restricted its activities?	☐	☐
D. Has the *applicant's* or a *control affiliate's* authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	☐	☐
E. Is the *applicant* or a *control affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of 8C?	☐	☐

Civil Judicial Disclosure	**YES**	**NO**
F. (1) Has any domestic or foreign court:		
(a) in the past ten years *enjoined* the *applicant* or a *control affiliate* in connection with any *financial services-related* activity?	☐	☐
(b) ever *found* the *applicant* or a *control affiliate* was *involved* in a violation of any *financial services-related* statute(s) or regulation(s)?	☐	☐
(c) ever dismissed, pursuant to a settlement agreement, a *financial services-related* civil action brought against the *applicant* or *control affiliate* by a State or *foreign financial regulatory authority*?	☐	☐
(2) Is the *applicant* or a *control affiliate* named in any pending *financial services-related* civil action that could result in a "yes" answer to any part of 8F(1)?	☐	☐

Financial Disclosure	**YES**	**NO**
G. In the past ten years has the *applicant* or a *control affiliate* been a small loan lender or a *control affiliate* of a small loan lender that has been the subject of a bankruptcy petition?	☐	☐
H. Has a bonding company ever denied, paid out on, or revoked a bond for the *applicant*?	☐	☐
I. Does the applicant have any unsatisfied judgments or liens against it?	☐	☐

	Branch Offices	YES	NO
9.	All locations in the State of New Hampshire where NH loans are originated or made must be licensed as branches; will the company have any branch locations in New Hampshire? If "Yes", enclose a Branch Application form and $450 for each New Hampshire branch location; attach an MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form and fingerprint card for each branch manager. Submit copies of any written agreements or contracts between the *applicant*/licensee and any NH branch office	☐	☐
10	Has the company conducted any activity with New Hampshire consumers prior to applying for a license with the New Hampshire Banking Department? ☐ If yes please describes the activity: _____ _____ _____	☐	☐

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

BONDING

11. Small loan lenders must have $25,000 cash either available for loans or actually invested in loans at all times at each licensed location. In lieu of the cash requirement, the small loan lender may post a $25,000 continuous surety bond. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the *applicant* or *licensee*, 2) an individual with a power of attorney (attach a copy of the POA) who may sign on behalf of the surety company, and 3) [the counter-signature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be originally signed.

    Copies of the bond form can be downloaded from our website at www.nh.gov/banking/consumer-credit.

    Provide name and telephone number of insurance agent to contact regarding the bond:

    _____

    (Name) (Telephone)

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

12. Attach Form U-2 (see form and instructions that are available on our website).

ORGANIZATION AND QUALIFICATION PAPERS

13. (A) *Applicant*s must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.

    (B) If *applicant* is not organized under the laws of the State of NH, attach a copy of a currently valid certificate of authority that authorizes the *applicant* to conduct business in NH and is issued by the NH Secretary of State (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).

    (C) If a trade name is to be used in NH, submit a copy of the NH Secretary of State's trade name registration (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).

    (D) An Organizational Chart showing ownership of the company.

FINANCIAL CONDITION

14. All *applicants* must submit financial statements; Small Loan Lenders must maintain a positive net worth at all times. Submit:

    A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited statements are required if an audit was performed), or the *applicant's* financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:

        1. Balance sheet as of the last fiscal year end and as of the most recent quarter end.
        2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end.
        3. Income statement as of the last fiscal year end and as of the most recent quarter end.
        4. Note disclosures for the above.

    B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the *applicant's* most recent federal tax return.

    C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 16A if the financial statements reflect the operations and financial position of the *applicant* itself.

    D. If the financial statement is more than 6 months old, additionally provide an interim balance sheet and income statement as of the *applicant's* last quarter end.

CONTRACTS

15. Submit specimens of all loan contracts to be used with New Hampshire consumers.

WARNING: Failure to keep this entire application/amendment licensing form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

Please note: No business may be conducted in New Hampshire until the license has been approved and issued.

THE PERSON NAMED AS THE CONTACT EMPLOYEE IN ITEM NO. 1, I OR AS THE PRINCIPAL LICENSING CONTACT NAMED IN ITEM NO. 1, J OF THIS APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, schedules and attachments, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the small loan license to which this form relates.

I agree, on behalf of the *Applicant*, that pursuant to NH RSA 399-A:4, VII, the *Applicant* will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the *applicant* that the *applicant*'s business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the *applicant's* licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date: _____

For_____
(Print or type *Applicant* or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)

Title _____

SMALL LOAN LENDER SURETY BOND

Bond Number _____ Effective Date _____

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)

of _____ AS PRINCIPAL, AND _____,
(State of Incorporation/Formation) (Name of Insurance Company)

a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the State of New Hampshire and the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of twenty-five thousand dollars ($25,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a Small Loan Lender under the provisions of New Hampshire Revised Statutes Annotated 399-A from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 399-A, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 399-A and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THERFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 30 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 30 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____.

_____ (Seal)
(Print or Type the Name of Applicant or Licensee)

BY _____
(Print or Type Name and Official Position)

BY _____
(Signature) (Date)

_____ (Seal)
(Print or Type the Name of Surety)

BY_____
(Print or Type Name and Official Position of the Surety's Representative w/ POA)

BY_____
(Signature) (Date)

BY_____
(Counter-Signature by NH licensed Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", a Power of Attorney must be attached.

NH Schedule A

DIRECT OWNERS AND EXECUTIVE OFFICERS

(Answer for Item 4 of the NH Application/Amendment Form)

Applicant full legal name: _____

Date: _____

1. **Use Schedule A** only in new applications to provide information on the *direct owners* and *principals* of the *applicant*. Under NH law, "***principal***" of the *applicant* or *licensee* includes owners and beneficiaries of 10 percent or more of the *applicant*, and each corporate officer, director, executive officer, senior manager, member, general partner, limited liability partner or limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *licensee*, senior manager, and any person occupying similar status or performing similar functions. **Use Schedule B** in new applications to provide information on *indirect owners*. File all amendments to Schedules A & B on Schedule C. **Complete each column.**

2. ***Principals and Direct Owners:*** list below the names of:
   (a) each *principal*;
   (b) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company; Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. Sole proprietors are 100% owners of their business;
   (c) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
   (d) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust, each 10% or more beneficiary of the trust and each trustee; and
   (e) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) all members and (ii) if managed by elected managers, all elected managers.
   (f) **Submit an MU2 (NH Individual Disclosure form), a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule A.**
   (g) **NH branch managers** are *principals* of the company, but must be reported on the NH Branch Office Application Form (not on this Schedule) and an MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee must be submitted for each NH branch manager.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? ☐ Yes ☐ No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

NH Schedule B **INDIRECT OWNERS** (Answer for Item 4 on the NH Application/Amendment Form)	*Applicant* full legal name: _____ Date: _____	

1. Use Schedule B only in new applications to provide information on the *indirect* owners of the *applicant*. Use Schedule A in new applications to provide information on *direct* owners. File all amendments to Schedules A & B on Schedule C. **Complete each column.**

2. ***Indirect owners***: with respect to each owner listed on Schedule A (except individual owners), list below:
   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
   For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
   (b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
   (c) in the case of an owner that is a trust, the trust, each beneficiary of 25% or more of the trust and each trustee; and
   (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
   (e) **Submit an MU2 (In, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule B.**

3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.

4. Complete the "Status" column by entering status as a partner, trustee, shareholder, member etc. and if shareholder, class of securities owned (if more than one is issued).

5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

State of New Hampshire

Banking Department

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SCHEDULE C AMENDMENT INSTRUCTIONS

OWNERSHIP AND MANAGEMENT – USE THIS FORM TO ENTER CHANGES AND UPDATES TO THE NH LICENSE APPLICATION FORM SCHEDULES A & B (THE SCHEDULE OF PRINCIPALS & OWNERS OF THE COMPANY)

1. Licensed and registered companies must amend the information about the *principals, direct* and *indirect owners* of the company within 30 days of an event that changes the information on file with the NH Banking Department. Use this Schedule C to amend that information. You may add, delete or change information about a *principal* of the company using this form. When adding a new individual as a *principal* of the company, you must attach an MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form, fingerprint card and records check fee for each individual added. Forms may be obtained at http://www.nh.gov/banking/consumer-credit/information.htm.

2. On the company's initial license application, Schedule A was used to report *direct owners* (including corporate, other types of organizations and individuals) & other p*rincipals*. Use Item No. 3 of Schedule C to change information about d*irect owners* & other p*rincipals.*

3. On the company's initial NH license application, Schedule B was used to report i*ndirect owners*. Use Item No. 4 of Schedule C to report changes of information about i*ndirect owners*.

4. A licensed company that applied on an application that did not have "Schedules A and B" provided the same information to the NH Banking Department in a different format. Use Schedule C to amend that information to report changes about the licensed company's *principals, direct,* and *indirect owners*.

Applicable definitions:

1. "Direct Owner" means any *person*, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *licensee*.

2. "Indirect Owner" means, with respect to direct owners and other indirect owners in a multilayered organization:
   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
   (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
   (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
   (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
   (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

3. "Licensee" – The *person* holding a New Hampshire license or registration that is applying or amending information on this form. The only instance in which the *licensee* is an individual is in the case of a sole proprietorship.

4. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more *persons* having a joint or common interest, or any other legal or commercial entity however organized.

5. "Principals" of the *licensee* include (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) executive officers and senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; general partners of a general partnership**;** general and limited partners (10% or more) of a limited partnership**;** members of a limited liability company; and trustees and beneficiaries (10% or more) of a trust. NH branch managers are *principals* of the licensee, but use the NH Branch Office Form to report changes in branch managers.

NH Schedule C **AMENDMENTS TO SCHEDULES A & B** (Amendments to answers for Item 4 on the NH Application/Amendment Form)	*Licensee/Registrant* full legal name: _____ Effective Date: _____	☐ Mortgage Banker ☐ Mortgage Broker ☐ Mortgage Servicer ☐ Sales Finance Company ☐ Small Loan Lender ☐ Retail Seller ☐ Debt Adjuster ☐ Money Transmitter

1. This Schedule is used to amend Schedules A and B of NH License or Registration Application Form. Refer to instructions above and to Schedules A & B for specific instructions for completing this Schedule C. **Complete each column.**

2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

3. **List below all changes to Schedule A (DIRECT OWNERS [10% or more], EXECUTIVE OFFICERS AND OTHER PRINCIPALS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

4. **List below all changes to Schedule B (INDIRECT OWNERS [25% or more]):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

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NH FORM U-2 - UNIFORM CONSENT TO SERVICE OF PROCESS

INSTRUCTIONS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 NH Form U-2 - Uniform Consent to Service of Process ("Form").

2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.

3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.

4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.

5. An original manually signed Form must be filed with each application for licensure or registration.

6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.

7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

NH FORM U-2 - UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____,
(Name of applicant for licensure or registration)

(a corporation), (a partnership), (limited liability company) or a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster, money transmitter or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

_____
(Name)

_____
(Address)

Dated this_____ day of _____, 20_____

(COMPANY SEAL)

By _____
(Print name of Applicant)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

By _____
(Signature of Officer)

By _____
(Print Name and Title of Officer)

State of New Hampshire

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NH BRANCH OFFICE FORM

INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING –** The NH Branch Office form should be used to apply to license a branch office location, and to change any information about a licensed branch office location and to surrender or otherwise terminate a branch office license. **There is no fee to file an amendment or to terminate a license**. If the name of the licensee or the address of the branch is being amended, submit the original branch office licenses to the Department along with this form; new licenses will be issued and sent to the licensee.

2. **TERMS USED –** See the following Explanation of Terms section regarding italicized words/phrases.

3. **EXECUTION –** The execution section must be completed by an authorized representative of the *applicant or licensee* (corporate officer, partner, member, sole proprietor, etc).

4. **DATES –** The filing date is the date *applicant or licensee* submits this form to New Hampshire. The effective date is the date *applicant or licensee* would like this license or amendment to become effective.

5. **AMENDMENTS –** Using this form, the *applicant or licensee* must update information about a branch office on a continuing basis. Changes of address and branch closings need to be reported ten (10) days prior to the change or closing. Other changes, including the addition or removal of a branch manager, should be reported within thirty (30) days from the date of the event that requires an amendment filing. When filing an amendment, check the "amendment" box on line 1, provide the *applicant/licensee's* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 5a or 6 through 14.

6. **CONTACT EMPLOYEE –** The individual listed on the *applicant's/licensee's* License Application Form (company's main office) as the contact employee will be contacted by the New Hampshire Banking Department if needed, about this branch form filing.

7. **SURRENDER / CLOSE–** When an *applicant/licensee* decides to cease operations under the license at one or more branches, use a NH Branch Office Form to notify New Hampshire of each closing by checking the "surrender" box and completing only items 2, and 6 and the execution. Send the original license certificate to the New Hampshire Banking Department along with the NH Branch Office Form to surrender. Use the NH Surrender/Expiration Form to notify New Hampshire if the entire company will cease operations in New Hampshire under its license. When terminating a branch license, it is necessary to enclose the original license issued by the NHBD with the NH Branch Office Form filing.

B. FILING INSTRUCTIONS

1. **FORMAT**

   A. The NH Branch Office Form may accompany a new company filing on the License Application Form, or may follow the License Application Form later. A fully completed NH Branch Office Form must be submitted to New Hampshire when the *applicant/licensee* is filing for branch authorization/licensure for the first time.

B. The execution section must include an original manual signature under penalty of unsworn falsification pursuant to NH RSA 641:3.

C. Type or print all information.

D. Use only the current version of the NH Branch Office Form or a reproduction of it.

2. **ATTACHMENTS**

A. File an MU2 (NH Individual Disclosure Form), a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of $49.75 made payable to "State of NH – Criminal Records", for each branch manager identified in item 5 and 5a of this NH Branch Office Form.

B. Submit copies of any written agreements or contracts between the applicant/licensee and any NH branch office.

C. EXPLANATION OF TERMS – The following terms are italicized throughout the NH Branch Office form.

APPLICANT/LICENSEE – The company that is newly applying on or amending information on this form for a branch license. The only instance in which the *applicant/licensee* is an individual is in the case of a sole proprietorship.

JURISDICTION - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

PERSON – An individual, partnership, corporation, trust, or other organization.

BRANCH LICENSE FEES:

- ☐ Sales Finance Company $100
- ☐ Small Loan Lender $450
- ☐ Retail Seller $30
- ☐ Debt Adjuster $500

Make Check Payable To:
"State of New Hampshire"

NH BRANCH OFFICE FORM

Applicant or Licensee full legal name:

_____

and Tax ID No. _____

Date of Filing: _____ Effective Date: _____

OFFICIAL USE ONLY

FOR OFFICE USE ONLY
Ck. # _____ Amt.$_____
Rec'd by _____ Date _____
****
Entered By_____ Date_____
App. Complete Date _____
Approved By _____ Date _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying or are licensed may violate the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

File an MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form, a fingerprint card and fee for each branch manager identified in item 5 and 5a.

1. NEW BRANCH APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ ***Complete only the item(s) being amended.***

2. _____
Physical address (Number and Street)
_____
Physical City, State/Country, Zip+4/Postal Code

2a. _____
NEW Physical address (Number and Street)
_____
NEW Physical City, State/Country, Zip+4/Postal Code

3. _____
Mailing address or P.O. Box (if applicable)
_____
Mailing address City, State/Country, Zip+4/Postal Code

3a. _____
NEW Mailing address or P.O. Box (if applicable)
_____
NEW Mailing address City, State/Country, Zip+4/Postal Code

4. _____
Business (Area Code) and Telephone Number
_____
Fax (Area Code) and Number
_____
Branch e-mail
_____
Branch website

4a. _____
NEW Business (Area Code) and Telephone Number
_____
NEW Fax (Area Code) and Number
_____
NEW Branch e-mail
_____
NEW Branch website

5. _____
Branch Manager Name
_____
Branch Manager's Supervisor's Name

5a. _____
NEW Branch Manager Name
_____
NEW Branch Manager's Supervisor's Name

EXECUTION: The undersigned, under penalty of unsworn falsification NH RSA 641:3, swears that he/she is an officer of the *applicant or licensee* and has executed this form on behalf of, and with the authority of, said *applicant or licensee.* The undersigned and *applicant or licensee* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

_____	_____	_____
Date (MM/DD/YYY)	Signature of authorized party	Title

This execution must always be completed in full with original, manual signature.

Applicant/Licensee full legal name: _____

6. Physical address of location where the official books and records generated by this branch office will be kept.

_____ _____
Organization Name (if different from *applicant*) or Records Custodian Name — Area Code — Telephone Number

_____
Number and Street — City — State — Country — Zip+4/Postal Code

7. Enter appropriate number in the box(es) for each *jurisdiction* by location:
   Enter "1" if *applicant* is **newly applying** in that *jurisdiction* for a branch office license/registration.
   Enter "2" if *applicant* has a **pending application** in that *jurisdiction* for a branch office license/registration.
   Enter "3" if *applicant* is **already licensed/registered** in that *jurisdiction* as a branch office.

Alabama		Idaho		Montana		Rhode Island	
Alaska		Illinois		Nebraska		South Carolina	
Arizona		Indiana		Nevada		South Dakota	
Arkansas		Iowa		New Hampshire		Tennessee	
California – DOC		Kansas		New Jersey		Texas – OCCC	
California – DRE		Kentucky		New Mexico		Texas – SML	
Colorado		Louisiana		New York		Utah	
Connecticut		Maine		North Carolina		Vermont	
Delaware		Maryland		North Dakota		Virginia	
District of Columbia		Massachusetts		Ohio		Washington	
Florida		Michigan		Oklahoma		West Virginia	
Georgia		Minnesota		Oregon		Wisconsin	
Guam		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico			

		YES	NO
8.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the *applicant's* main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).	☐	☐
9.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting loans or services:		
	(a) with respect to employment?	☐	☐
	(b) with respect to compensation?	☐	☐
10.	Does any *person*, other than the *applicant*, have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?	☐	☐
	(a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: _____		
	(b) If yes, provide the following information for each *person* responsible for the expenses or with a financial interest:		

FULL LEGAL NAME OF PERSON (Individuals: Last Name, First Name, Middle Name)	Address, City, State, Zip	Telephone	SSN, IRS Tax No. or Employer ID	Separately Licensed? YES	NO
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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MU2 (NH INDIVIDUAL DISCLOSURE FORM)

INSTRUCTIONS

MU2 FILING AND ATTACHMENTS - For purposes of filing Forms MU2, ***each individual listed on Schedule A and Schedule B of the company's Form MU1 must file a MU2 Control Persons Information form*** in New Hampshire; they are *principals, direct and indirect owners* and therefore are considered to be *control persons* under NH law. ***Principal*** of the applicant, licensee or registrant includes a corporate officer, executive officer, senior manager, NH branch manager, director, member, general partner, trustee, and any person occupying similar status or performing similar functions. *Principals* include *direct owners* of 10% or more and *indirect owners* of 25% or more of the *applicant* (see the definitions on Schedules A & B). That means that for each individual listed on the schedules or amendments thereto, the *applicant/licensee/registrant* must submit a MU2 (NH Individual Disclosure Form), a Criminal History Record Information Authorization Form, **one (1)** fingerprint card and a $49.75 records check fee. All forms may be obtained at our website at http://www.nh.gov/banking/consumer-credit/index.htm.

Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division as well as an FBI check on each individual listed on Schedules A & B. The Department of Safety charges a $49.75 fee to cover costs for each record check. **Complete all items in Section I of the Authorization, and make sure to sign the release information in Section II of the form and have the form notarized. All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records."**

Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may electronically submit a form from our website *http://www.nh.gov/banking/consumer-credit/fingerprint-card-request.html*, or call ***(603) 271-8675*** or e-mail *licensing@banking.state.nh.us* the Licensing Division at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

Submit the *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of $49.75 payable to "State of NH – Criminal Records", for each individual listed on Schedules A & B of the MU1, to **the NH Banking Department**. **We will forward the document(s) and check(s) to the Department of Safety**. Fees covering multiple individuals may be combined into one check.

AMENDMENTS – The *applicant/licensee/registrant* must promptly update information on both the Company License/Registration Application MU1 form and each *principal's* or *direct* or *indirect owner's* MU2 (NH Individual Disclosure Form) if it becomes materially inaccurate and when a *principal* joins or leaves the licensee's/registrant's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant/licensee/registrant* and the name of the *principal* or *direct* or *indirect owner* to which the form relates

A. GENERAL INSTRUCTIONS

1. **FILING –** Form(s) MU2 must accompany Form MU1, the Uniform Mortgage Lender/Mortgage Broker form. Each individual identified as a *control person* for the *applicant* on Schedule A of Form MU1, must complete Form MU2. An *applicant* must also refer to *jurisdiction*-specific requirements published by each *jurisdiction* in which it is applying. Some *jurisdictions* may require biographical information about people that do not fit the *control person* definition, like a branch manager. Such *jurisdictions* may therefore request a Form MU2 with other filings. Additionally, *applicants* must update the roster of *control persons* on Form MU1 by filing a Schedule C, thus requiring additional MU2 forms.

2. **TERMS USED –** See the following Explanation of Terms section regarding italicized words/phrases.

3. **DATES –** The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *applicant* would like the license/registration or amendment to become effective. Review published *jurisdiction*–specific requirements for effective date expectations.

4. **AMENDMENTS –** The *applicant* must update biographical information as required in each *jurisdiction* by submitting amendments using Form MU2. On Form MU2, circle or otherwise identify the item being amended. Complete only items 1(A) and 1(I), as well as the information that is being amended. Review published *jurisdiction*–specific requirements concerning the return of the prior original license/registration document when submitting the amended Form MU2.

B. FILING INSTRUCTIONS

1. FORMAT

A. Each individual identified as a *control person* on Schedules A or C must complete Form MU2. A fully completed Form MU2 for each *control person* is required to be submitted to each *jurisdiction* along with the *applicant's* initial Form MU1. Form MU2 also accompanies Schedule C when reporting new *control person(s)*. The *applicant* should review published *jurisdiction*–specific requirements for additional specific filing requirements using Form MU2 providing biographical information about non-*control persons*.
B. Type all information.
C. Use only the current version of Form MU2 or a reproduction of it.
D. The Acknowledgment & Consent section must include notarized original manual signature.
E. Employment history, item 4: provide the full legal name of the company, beginning with your current employer. For the purposes of this history, include both 1099 independent contractor assignments as well as W-2 status employment.

2. **ATTACHMENTS -** Review published *jurisdiction*–specific instructions for required attachments including but not limited to:

A. Review published *jurisdiction*-specific instructions concerning attachments in PDF or alternative formats.
B. One Fingerprint Card.
D. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the business may need to file a Form MU4. Review published *jurisdiction*-specific requirements for details.
E. Fees

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU2

1. GENERAL

APPLICANT – The mortgage lender or mortgage broker applying on or amending information on Form MU1 (including schedules) or Form MU3. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (a natural person) named on Form MU1 in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, any territory of the United States, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC, or other organization.

2. FOR THE PURPOSE OF ITEM 6

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least $1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities*;* and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than $1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

MU2 (NH INDIVIDUAL DISCLOSURE 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.

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) _____ Date of Birth (MM/DD/YYYY) (E) _____ State/Province of Birth (F) _____ 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						☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

5. Other Business

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, and 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
	☐	☐

_____
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.

Financial Disclosure	YES	NO
(A)		
(1) Have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition within the past 10 years?	☐	☐
(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?	☐	☐
(3) Have you been the subject of a foreclosure action within the past 10 years?	☐	☐
(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?	☐	☐
(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?	☐	☐
(D) Do you have any unsatisfied judgments or liens against you?	☐	☐
(E) Are you delinquent on any court ordered child support payments?	☐	☐

Criminal Disclosure	YES	NO
(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?	☐	☐
(2) Are there pending charges against you for any felony?	☐	☐
(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?	☐	☐
(2) Are there pending charges against any organization for any felony?	☐	☐

(H)	YES	NO
(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?	☐	☐
(2) Are there pending charges against you for a misdemeanor specified in (H(1)?	☐	☐
(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)?	☐	☐
(2) Are there pending charges against any organization for any misdemeanor specified in (H)(1)?	☐	☐

Civil Judicial Disclosure	YES	NO
(J)		
(1) Has any domestic or foreign court ever:	☐	☐
(a) enjoined you in connection with any financial services-related activity?		
(b) found that you were involved in a violation of any financial services-related statute(s) or regulation(s)?	☐	☐
(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?	☐	☐
(2) Is there a pending financial services-related civil action in which you are named for any alleged violation described in (J)(1)?	☐	☐
(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)?	☐	☐

Regulatory Action Disclosure	YES	NO
(K) Has any State or federal regulatory agency or foreign financial regulatory authority or self-regulatory organization (SRO) ever:	☐	☐
(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?		
(2) found you to have been involved in a violation of a financial services-related business regulation(s) or statute(s)?	☐	☐
(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?	☐	☐
(4) entered an order against you in connection with a financial services-related activity?	☐	☐
(5) revoked your registration or license?	☐	☐
(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?	☐	☐
(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?	☐	☐
(8) issued a final order against you based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	☐	☐
(9) entered an order concerning you in connection with any license or registration?	☐	☐
(L) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	☐	☐
(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?	☐	☐
(N) Is there a pending regulatory action proceeding against you for any alleged violation described in (K) through (L)?	☐	☐
(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)?	☐	☐

Customer Arbitration/Civil Litigation Disclosure	YES	NO
(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?	☐	☐
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action?	☐	☐
(3) was settled for any amount?	☐	☐
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?	☐	☐
(2) fraud, dishonesty, theft, or the wrongful taking of property?	☐	☐
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?	☐	☐
(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?	☐	☐

7. Company Relationship*:*

ESTABLISH RELATIONSHIP 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.

_____ by _____ _____

Company Name | Signature of authorized party | Print Name and Title of authorized party

8. 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)

NH Small Loan Lender Application/Amendment Form Instructions *Rev. 03/2015*

State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

GLENN A. PERLOW
BANK COMMISSIONER

INGRID E. WHITE
DEPTY BANK COMMISSIONER

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.

2. Criminal record checks are conducted by the State of New Hampshire Department of Safety, State Police Division and will include an FBI record check. The fee for processing the Criminal Record check is as follows:
   - State Police fee: $25.00
   - FBI fee: $24.75 for an ink card; $14.75 for live scan (please note that at this time live scan can only be processed in the State of New Hampshire).

   The $49.75 (or $39.75 for live scan) may be aggregated into one check if record checks are to be performed for more than one individual. (e.g., 2 cards $99.50) They will not accept 2 checks such as one for $25.00 and an additional check for $24.75). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**

3. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website, http://www.nh.gov/banking/consumer-credit/, or call ***(603) 271-8675,*** or e-mail *licensing@banking.state.nh.us* the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

4. **The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints**.

5. Every person ***must*** complete the following sections of the card:
   a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
   b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
   c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
   d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
   e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
   f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
   g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
   h. "EMPLOYER NAME AND ADDRESS";
   i. "SOCIAL SECURITY NO. SOC".

6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
   a. "ORI";
   b. "YOUR NO. OCA";
   c. "FBI NO. FBI";
   d. "ARMED FORCES NO. MNU";
   e. "REASON FINGERPRINTED";
   f. "MISCELLANEOUS NO. MNU.

7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. **Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized**.

8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of $49.75, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.

State of New Hampshire **Criminal Records Unit**

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY AUTHORIZATION FORM

- ☐ NH RSA 361-A:2 *Sales Finance & Retail Seller*
- ☐ NH RSA 397-A:1 – A:5 *Mortgage Banker/Broker*
- ☐ NH RSA 399-A:1 – A:3 *Small Loan Lender*
- ☐ NH RSA 399-D:2- D:5 *Debt Adjuster*
- ☐ NH RSA 397-B:1 – B:4 *Mortgage Servicer*
- ☐ NH RSA 399-G:5 *Money Transmitters*

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Name of Company: _____

SECTION I (PLEASE PRINT CLEARLY)

NAME_____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS_____
STREET

_____
City State Zip Code

DATE OF BIRTH_____HAIR COLOR_____EYE COLOR_____

SEX____ DRIVER LICENSE NUMBER_____STATE_____

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: _____ *DATE*_____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NH Banking Department/Consumer Credit
NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS **53 Regional Drive Concord, NH 03301**
STREET CITY STATE ZIP CODE

_____
YOUR SIGNATURE DATE

_____
NOTARY'S SIGNATURE DATE
(AFFIX Seal) **(comm.. Exp.)**

Glenn Perlow, Bank Commissioner_____
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD **DATE**

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

FEES

☐ **LIVESCAN - $39.75 ($49.75 if printed at a state police livescan site)** ☐ **INKED - $49.75**

NOTE: Make checks payable to: State of NH – Criminal Records

☐ **Applicant fingerprint card must be submitted at the same time as payment and this form.**

DSSP379 Revised 2/2015