



STATE OF HAWAII
DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
335 Merchant Street, Room 221, Honolulu, HI 96813
P.O. Box 2054, Honolulu, HI 96805
Ph: (808) 586-2820; Fax: (808) 586-2818
Email: dfi@dcca.hawaii.gov
<http://hawaii.gov/dcca/dfi/>

**GENERAL INFORMATION AND INSTRUCTIONS
FOR
APPLICATION FOR MORTGAGE SERVICER LICENSE**

This application is for a mortgage servicer license pursuant to Section 454M-4, Hawaii Revised Statutes ("HRS"), of the State of Hawaii's Mortgage Servicers Act, Chapter 454M, HRS. Please refer to this statute in completing the application.

Provide complete responses to all information requested. If a particular item does not apply, enter "N/A". When space allowed is insufficient, a separate sheet should be attached. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT.

Fee: Submit together with the completed application, a non-refundable application fee of \$500. A \$25 service charge will be assessed for each dishonored check received.

Confidentiality: Requests for confidential treatment of any portion of the application must not be overly broad and will be granted or denied, in whole or in part, subject to the provisions of Chapter 92F, HRS. Information that is publicly available or that would not be considered exempt from disclosure under Section 92F-13, HRS, does not qualify for confidential treatment. Under Hawaii law, prior notice to the Applicant is not required should the public request any information in the application that the Commissioner deems to be non-confidential.

Submit the completed application and fee made payable to **Department of Commerce & Consumer Affairs, State of Hawaii** to:

Division of Financial Institutions
P.O. Box 2054
Honolulu, HI 96805

or

Division of Financial Institutions
335 Merchant Street, Room 221
Honolulu, HI 96813

This application can be made available for individuals with special needs in Braille, large print, or audio tape. Please submit your request to the Commissioner of Financial Institutions at (808) 586-2820.

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APPLICATION FOR MORTGAGE SERVICER LICENSE

TO BE COMPLETED BY ALL APPLICANTS. Attach a separate sheet if needed. Information must be typed or printed legibly. Answer all questions – if “No” or “Not Applicable,” please so indicate.

1. Full legal name of Applicant (for Applicants that are not individuals, name as registered with State of Hawaii's Business Registration Division):

2. DBA, fictitious or assumed name, or trade name, if any, to be used in Hawaii (use of any name other than Applicant's full legal name must be registered with State of Hawaii's Business Registration Division):

3. Principal address:

City: _____ State: _____ Country: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email address: _____

4. Location of Applicant's business records:

City: _____ State: _____ Country: _____ Zip: _____

5. List (*if applicable*) the complete street address of any proposed physical location(s) in the State of Hawaii where Applicant intends to conduct business and the name designated by Applicant for each location (e.g. "Honolulu office"):

6. Identify all internet web sites operated by Applicant: _____

7. Name of contact person regarding this Application: _____

Title: _____

Mailing address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email address: _____

8. Applicant is a(n): (check appropriate classification)

Individual Corporation Limited Liability Company

Partnership Other (describe): _____

For a corporate Applicant: Indicate:

State of incorporation: _____

Date of incorporation: _____

Submit a current (no more than 60 days prior to the date of filing of application) certificate of good standing from the state of incorporation. Applicants incorporated in a jurisdiction other than the State of Hawaii must also submit a copy of the certificate of authority to conduct business in Hawaii, issued by the State of Hawaii's Business Registration Division.

For an Applicant other than an individual or corporation: Indicate:

State of formation: _____

Date of formation: _____

Submit a copy of Applicant's registration or qualification to do business in the State of Hawaii.

9. Proposed method of doing business (e.g. *in-State office, mail, internet, etc. List all customer remittance methods that will be offered*):

10. Indicate whether Applicant, or any of its officers, directors, employees, managers, agents, partners, or members (*as applicable*) has ever been issued or has been the subject of an injunction or administrative order pertaining to any aspect of the lending business, has ever been convicted of a misdemeanor involving the lending industry or any aspect of the lending business, or has ever been convicted of a felony. If yes, provide complete details, including name, date, and nature of involvement.
11. Provide a complete, current schedule of the range of costs and fees that Applicant charges borrowers for its servicing-related activities.
12. For an Applicant other than an individual, identify all parents, affiliates and subsidiaries of Applicant; alternatively, attach a current organization flow chart that displays this information.
13. Provide the name, title, mailing address, telephone and fax numbers, and email address of the appropriate person or persons that DFI may contact regarding:
- Administrative matters
 - Licensing matters
 - Customer complaints

APPLICANT AGREEMENT AND CERTIFICATION

Under the penalties of perjury, I affirm that I have examined this application and any accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that false statements made under oath in this application may result in the denial, suspension, or revocation of a mortgage servicer license.

_____, (herein "Applicant"),
(Full Legal Name of Applicant)

authorizes the Commissioner of Financial Institutions ("Commissioner") to obtain records and/or reports from any government agency as may be required to determine the general character and fitness of Applicant or any of its officers, directors, employees, managers, agents, partners, or members, to engage in the business of a mortgage servicer. Further, Applicant hereby authorizes the release of requested information necessary to facilitate the Commissioner's final determination on the application. Applicant authorizes the Commissioner to disclose any information contained in or submitted in support of this application to any state or federal agency making a specific request therefore, provided that the requesting agency complies with any applicable confidentiality requirements. Applicant further understands and affirms that: 1) any response to an inquiry made by the Commissioner with respect to Applicant or any of its officers, directors, employees, managers, agents, partners, or members, is provided solely as a matter of courtesy; and 2) that any person, organization, or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or willful negligence.

Applicant affirms that neither Applicant, nor any of Applicant's employees (if applicable), are engaged, or will engage, in the business of a mortgage loan originator or mortgage loan originator company, as defined in Chapter 454F, HRS, without being properly licensed under that chapter or unless specifically exempted from that chapter.

I am authorized to make and sign this statement on behalf of Applicant.

Date: _____ Name of Applicant: _____

By: _____
(Signature)

Name: _____
(Type or Print)

Title: _____

