Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.
  Refer to the instructions & checklist provided

Make all checks payable to:
"Arizona Department of Financial Institutions"
and
Mail the entire completed application packet all together to:
Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make copies of your entire application package before submission:

- The Department cannot make copies for you.

and

- If there are questions during the processing of your application, you will have the information available for reference.

Application Instructions for License under Arizona Revised Statutes 6–901 Et Seq.

Before you complete the enclosed documents please read the following carefully.

You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and only for the location at which you have been licensed.

Application: To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you.

To submit an application to the Arizona Department of Financial Institutions you must have the following completed with the appropriate agencies and a copy of the approved document(s) attached to your application.

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission	Arizona Secretary of State
1300 W. Washington St., Phoenix, AZ 85007	1700 W. Washington St., Phoenix, AZ 85007
Telephone (602) 542-3135 or www.cc.state.az.us.	Telephone (602)542-6187 or www.azsos.gov

If You Wish To Apply As A:

Corporation: Contact the Arizona State Corporation Commission. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

Foreign Corporation: Contact the Arizona State Corporation Commission. If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: Contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

Partnerships: Contact the Secretary of State. Limited Partnership's or Foreign Limited Partnership's *must* provide an approved copy of your partnership agreement.

Sole Proprietorship / Individual: Contact the Secretary of State. You *must* use your own name when filing as an individual, otherwise you must register your DBA or trade name, see DBA/Trade Name below.

DBA/Trade Name: Contact the Secretary of State. To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Company Name in Arizona: You cannot use Trust, Savings, Bank or Banc in your name. You cannot indicate you are a Corporation, LLC or Partnership, LLP in your name unless you are one. You cannot use a name that is similar to any names already being used by other entities licensed by our Department.

Other Application Requirements

Important: You must have an arizona business location with a qualified arizona resident as your Responsible Individual. There are No exceptions to the Arizona Statute.

Qualifications: In order to qualify for the license the individual applicant or, if the applicant is other than an individual, the responsible individual must have all of the following:

- Must be an Arizona resident domiciled in Arizona on the date the application is filed with this department for licensing and must remain an Arizona resident during the term of the license or during the term as responsible individual.
- Have not less than three (3) years' experience as a mortgage broker, or equivalent lending experience in a related business during the five (5) years immediately preceding the time of application.
- Have satisfactorily completed a course of study approved by the superintendent during the three (3) years immediately preceding the time of application. See list of approved schools enclosed.
- Have passed a mortgage broker's test, pursuant to section A.R.S. §6–908, not more than one year before the granting of the license. See enclosed mortgage broker exam memorandum for details.

Bond: The bond required shall be ten thousand dollars ($10,000.00) for licensees whose investors are limited solely to institutional investors, and fifteen thousand dollars ($15,000.00) for licensees whose investors include any non-institutional investors. A continuous surety bond *must* accompany your application. See sample bond. The licensee as principal and a surety company that is authorized to do business in this state must execute this bond. Your insurance company can assist in obtaining the bond. In lieu of a bond, a certificate of deposit can be substituted in some circumstances. Refer to statutes for more information concerning the requirements for the certificate of deposit.

Financials: For corporations, owners must complete both the corporate and personal financial statements.

Personal History Statement (PH) and Fingerprint Card (FP): If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers and by the Responsible Individual who must also be an employee and active in the management of the corporation. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. Our fingerprint cards must be used. Review Fingerprint Card Instructions sheet enclosed**.** The FBI will reject incorrect card processing and retakes will be required. To request Fingerprint Cards, go to the Licensing page of our website azdfi.gov.

Verification of Licenses Issued by Other States: If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a mortgage broker then you would only send us copies of current licenses from (5) states.

The licensing year is October 1 through September 30. If a license is issued to you on or prior to September 30, you must renew. It would benefit you to consider this when making initial application.

Process Time:The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the *Check List* provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

Fees: You must provide one check for the application fee and one check for the fingerprint processing fee(s). The non-refundable eight hundred dollar ($800) application fee and the twenty nine dollar ($29.00) fingerprint processing fee for each fingerprint card, must be submitted together with the completed application forms. Do not send the licensing fee with your application. The licensing fee is pro-rated. Upon application approval, this Department will notified you of the pro-rated licensing fee.

Mortgage Broker Application

Check List

- ☐ One check for the $800 application fee
- ☐ and one check for the total number of fingerprint cards
  $29.00 fee per fingerprint card (# Of Cards _____ x Fee = $ _____)
- ☐ Application (Signed and Notarized)
- ☐ License Surrender Agreement (Signed And Notarized)
- ☐ W-9 Form/Request For Taxpayer Identification
- ☐ Bond (Signed and Notarized by Surety and Applicant)
- ☐ Current Financials ☐ Corporate and ☐ Personal for corporations and ☐ Personal for sole proprietorship

The following items if applicable:

- ☐ Articles Of Incorporation (approved copy) ☐ Amendments
- ☐ Articles Of Organization (approved copy) ☐ Amendments
- ☐ Foreign Authority (approved copy)
- ☐ Certificate Of Good Standing (if not a newly formed corporation)
- ☐ DBA / Trade Name Certificate (approved copy)
- ☐ Must provide a legible signed copy of the Lease/Rental Agreement for commercial locations.
- ☐ Partnership or Joint Venture Agreement (approved copy)
- ☐ Enclose copies of licenses held in other states (up to 5)

For each of the top 5 officers and the Responsible Individual (RI):

- ☐ Personal History Statements (signed and notarized in both locations)
- ☐ Driver license copies (an Arizona license copy for RI)
- ☐ Fingerprint Cards (top portion identification data must be completed)
- ☐ Letter of Explanation for derogatory credit and/or criminal history issues
- ☐ **(**RI Only**)** State exam results letter of passing (copy)
- ☐ **(**RI Only**)** Must provide verification from current and/or former employer(s) (on their letterhead) that mortgage lending experience for three (3) out of the past five (5) years has been met (required by state statue). (We do not accept resumes as proof of experience. Descriptive words like manager, district manager, regional manager will not be accepted as job description. Mortgage Lender, loan officer or mortgage loan originator is acceptable.)

Did you remember to:

- ☐ Establish an Arizona Business Location with Arizona Business Phone Number
- ☐ Signed and Notarized All Documents where Applicable
- ☐ Review The Arizona Revised Statutes For Your License Type
- ☐ Hire an Arizona Resident that meets the qualifications outlined in the Arizona Revised Statutes as your Responsible Individual
- ☐ Appropriately Labeled all attachments to identify with our forms
- ☐ Make copies for your records

Company Name in Arizona: You cannot use Trust, Savings, Bank or Banc in your name. You cannot indicate you are a Corporation, LLC or Partnership, LLP in your name unless you are one. You cannot use a name that is similar to any names already being used by our Department**.**

Make checks payable to: Arizona Department of Financial Institutions

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Memorandum

TO: Mortgage Broker Applicants

FROM: Arizona Department of Financial Institutions ("Department")

RE: Registration & Exam Requirements

Exam dates for calendar year 2006 are on the following Wednesdays:

*****February 22nd, 2006
April 26th, 2006
June 28th, 2006
August 30th, 2006
October 25th, 2006
December 13th, 2006

Exams are held at 2910 North 44th Street in the Department's training room on the third floor. The training room opens at 8:00 a.m. for the morning exam and at 1:00 p.m. for the afternoon exam. The first 40 candidates to register will be assigned to the a.m. exam and those thereafter will be assigned to the p.m. exam.

No One Will Be Admitted To The Test Site After 8:15 A.M. & 1:15 P.M. Respectively

To register: You must submit to the Department by the Monday prior to the exam date you select: *EXCEPT for February 22nd**,** for this date you will need to submit not later than Friday February 17th as Monday the 20th, is a Holiday and this office will be closed.
This department does not make copies

- $50.00 exam fee – Cash or check
- copy of school "Certificate of Completion"
- letter of intent for bond from surety company or copy of actual bond

The following two items without attachments:

- completed personal history statement (4 pages) form (signed and notarized**)**
- completed application (3 pages) form (signed and notarized)

No other material/document or fees will be accepted at this time. Please keep the rest of your application packet together until you have received your exam results and are ready to apply for the mortgage broker license.

Day of the exam. Candidates must bring two forms of identification (one must be a picture ID) and your receipt showing you paid your test registration fee of $50.00.

Items applicant should bring include: a non-database type financial calculator, at least 2-3 #2 pencils (sharpened) and an eraser.

Results of the test will be mailed within thirty days. Please do not contact this Department for exam results prior to this time period. Confirmations by licensing personnel will not be given.

An applicant may not take the test more than two times within a twelve-month period.

NOTE: The licensing process and issuance of the license must be completed within one year of the successful applicant's exam date.

Arizona School of Real Estate, Inc.
7142 East First Street
Scottsdale, AZ 85251
PHONE: (480) 946-5388
FAX: (480) 949-5918
Contact: Linda

Bohler Institute for Continuing Education
1930 Mesquite Ave, #1
Lake Havasu City, AZ 86403
PHONE: 1 (877) 465-0779
FAX: 1 (928) 855-1666
Admin@bohlerinstitute.com

Brodsky School of Real Estate
720 South Craycroft
Tucson, AZ 85711
PHONE: (520) 747-1485
FAX: (520) 747-1455
Contact: Fred Brodsky or Shawnyl Cannon

Hogan School of Real Estate, Inc.
4023 East Grant Road
Tucson, AZ 85712
PHONE: (520) 327-6849
FAX: (520) 325-8950
Contact: Esther Hogan

Institute of Mortgage And Real Estate Education, Inc.
4008 North 15th Avenue
Phoenix, AZ 85015
PHONE (602) 265-3490
FAX (602) 230-2251
Contact: Mitchell S. Medigovich

Professional Institute of Real Estate
10207 North Scottsdale Road
Scottsdale, AZ 85253
PHONE: (480) 991-0182
FAX: (480) 991-9175
Contact : Debra or Jim

Mortgage Broker Application

Bond

BOND NO._____

KNOW ALL MEN BY THESE PRESENTS, That we,_____ _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of $_____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Mortgage Broker within the meaning of Title 6, Chapter 9, Article One, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 9, Article One, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____
(Company Name)

_____
(Print Name of Principal Officer)

By: _____
Signature of Principal

COUNTERSIGNED:

_____
(Name of Surety Company)

BY: _____
Arizona Resident Agent

By:_____
Signature of Surety

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State's information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI's scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled "Employer and Address". The Department will enter this information.
- Do not enter any information in the block entitled "Reason Fingerprinted". The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

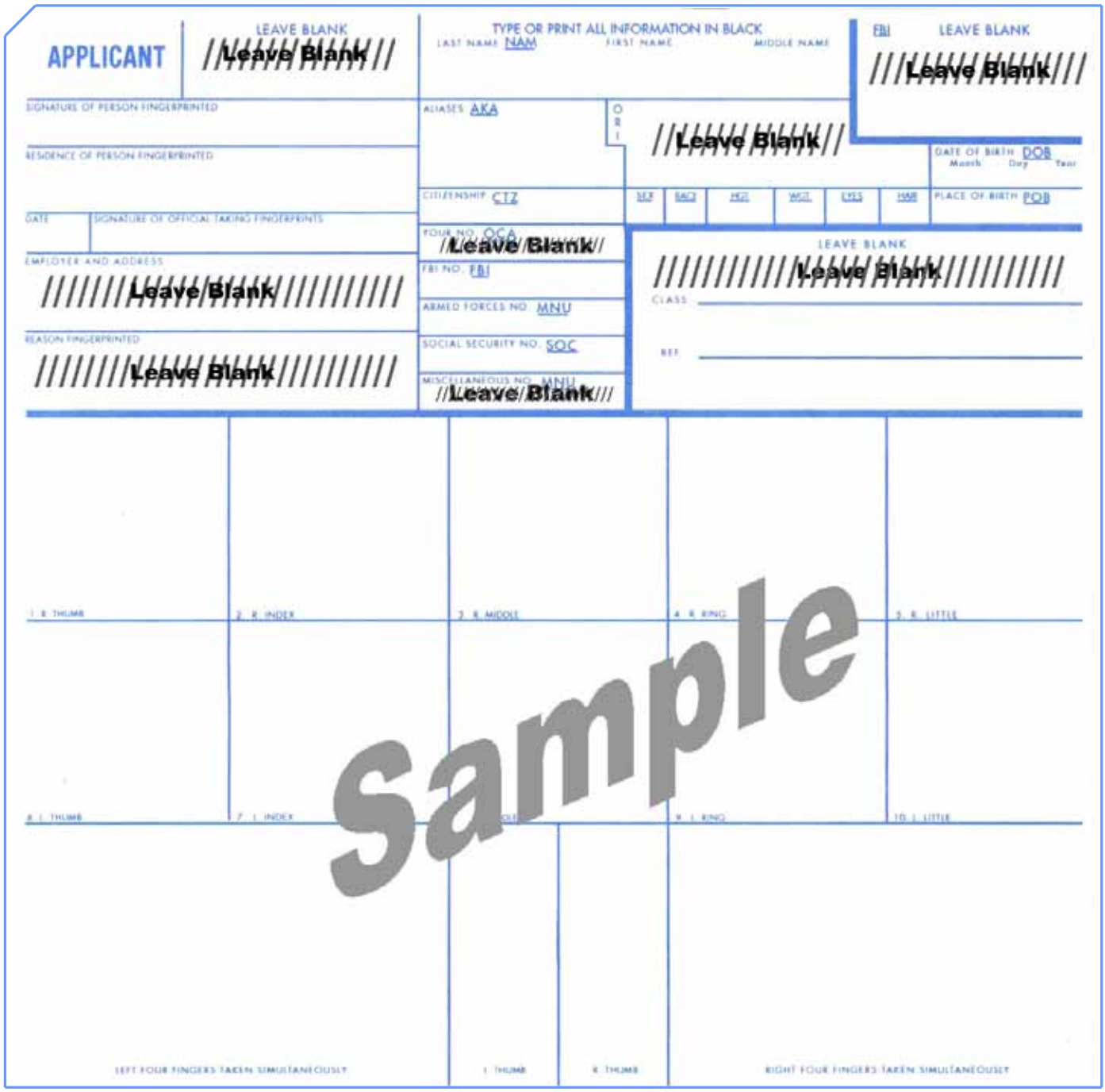
Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: Arizona Department of Financial Institutions

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "**Leave Blank**". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

_____

(Name of Company)

By: _____ *(print)* _____

(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____

(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)

) ss.

County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____

(City and State)

_____

Notary Public

My Commission expires _____

Mortgage Broker Application

Application

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces there must be an answer provided for each inquiry if not applicable use "none" or "n/a".

Filing as: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

1. Primary Arizona Address: Must submit a legible copy of the signed Lease/Rental Agreement for a Commercial location

Company Name: (Name approved by the Arizona Corporation Commission)		Federal Tax ID Number:
Doing Business As: (Name approved by the Arizona Secretary of State)		
Arizona Address Line 1:		
Arizona Address Line 2:		
City:	State: AZ	Zip Code:
Arizona Telephone Number:	Arizona Fax Number:	
Business Web Page Address:	E-mail Address: (Required)	

2. Mailing Address:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

3. Domicile (legal presence) State where Organized or Incorporated:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

4. Parent Company - If applicable: (Required to provide audited financials & ownership/shareholders interest of Parent.

Company Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

5. Name of Statutory Agent:		
6. Place of organization or incorporation:		Date:
Have you included the **approved** copy of the articles of incorporation, articles of organization or partnership agreements:		☐ Yes ☐ No
7. Date of authorization	This applies to foreign corporations, foreign limited liability companies, partnerships and business trusts only. A copy of the Arizona Corporation Commission Certificate must be received with this application.	
Have you included a copy of the Authorization?		☐ Yes ☐ No

8. Current Ownership. If applicant is owned by an entity provide corporate financials. If owned by individuals provide names and percentage of each person. All individuals owning 20% or more of the voting shares in either the applicant or the entity (as owner) must complete the personal financial, personal history statement fingerprint card and fingerprint processing fee.

Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage

List additional owners on a separate sheet.

Must total 100%

Total Ownership

9. ARIZONA RESPONSIBLE INDIVIDUAL ("RI"): It is the applicant's responsibility to provide a qualified individual for this position. This person must; 1) Have not less than three years' experience as a mortgage broker, or equivalent lending experience in a related business during the five years immediately preceding the time of application. 2) Have satisfactorily completed a course of study approved by the superintendent during the three years immediately preceding the time of application. 3) Have passed a mortgage broker's test, not more than one year before the granting of the license. A responsible individual shall be a resident of this state, shall be in active management of the activities of the licensee in this state, a W2 employee (an employee does not include an independent contractor) for your company. Resumes and personal references are not proof of work experience. The Responsible Individual candidate needs to list on a separate sheet of paper all the licensees he/she is currently a responsible individual or employee/sub-contractor with. This list should be attached to the completed Concurrent Employment form (section 9).

RI Name:	Arizona Driver's License #:	Is the RI a full time Arizona resident? ☐ Yes ☐ No
Have original letters from current and past employers been enclosed verifying job experience?		☐ Yes ☐ No

10. List the directors, partners, members or the top (5) officers whichever is applicable. These individuals are required to complete our personal history statement fingerprint card and fingerprint-processing fee. You will need to keep this information current with our Department at all times.

a. Name		Capacity/Title	Years in Business
Address:	City:	State:	Zip Code:
b. Name		Capacity	Years in Business
Address:	City:	State:	Zip Code:
c. Name		Capacity	Years in Business
Address:	City:	State:	Zip Code:
d. Name		Capacity	Years in Business
Address:	City:	State:	Zip Code:
e. Name		Capacity	Years in Business
Address:	City:	State:	Zip Code:

11. State whether the applicant or any officer, director, partner, member or trustee of the applicant or responsible individual has;

a. been convicted of any criminal offense other than a traffic violation:	☐ Yes	☐ No
b. been sued in a civil action within the last 15 years:	☐ Yes	☐ No
c. had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit:	☐ Yes	☐ No
d. filed bankruptcy or served in a similar capacity to an entity that filed bankruptcy within the last 15 years:	☐ Yes	☐ No
e. had an order entered against him/her by an administrative agency of Arizona, the federal government or any other state or territory of the United States involving fraud, deceit or misrepresentation:	☐ Yes	☐ No
f. been indicted or informed against for forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses	☐ Yes	☐ No
g. been found guilty of fraud in connection with any transaction governed by Title 6, Chapter 9, Article 2 Arizona Revised Statutes:	☐ Yes	☐ No

Note: If you answered "Yes" to any of the above (11. a thru g), you must furnish complete details on a separate sheet.)

12. List any Arizona licenses (person, company name & license number) issued by this Department that are held or have been held as owners, partners, members, officers, sole proprietor, or responsible individual; by the persons named in Questions 8, 9 and 10, if any, and the capacity of the interests. (Attach separate sheet if necessary).

Individual Name:	Capacity:	
Company Name:		License #:
Individual Name:	Capacity:	
Company Name:		License #:
Individual Name:	Capacity:	
Company Name:		License #:

Attach separate sheet if necessary

13. Read Carefully. List all occupational or professional licenses that apply to the applicant or any officer, director, trustee, member, partner, sole proprietor, or responsible individual of the applicant that has been denied or refused a license, or holds or has held a license which has been surrendered, revoked, suspended or had an Administrative Action/Order issued against it by any state or federal government agency. If yes, attach copies of full disclosure.

Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action
Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action
Name on License	Type of License	
Name of Licensing Agency	Type of Action	Date of Action

Write "None" or "NA" if not applicable.
Attach separate sheet if necessary.

14. Name of firm, agency or person that does your financials:

Name:		
Address Line:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

15. Current Financial Statement. Financial statements prepared within the previous six months must accompany this application (balance sheet and income statement if the applicant is a corporation, partnership or limited liability company; balance sheet if an individual.) **Financials:** Corporation owners must complete both the corporate and personal financial statements. If the financial report was prepared more than six (6) months prior to the date this application is filed, we will require a current balance statement, income & loss statement which has been certified by the applicant.

Ending date of most current financial report being enclosed?

Corporate / / Personal Financials / /

16. Complete the following with which you are authorized to do business:
Or following does not apply ☐

Authorized by	Mortgagee No.	Date Approved	Ever Suspended
a. ☐ FHA (Federal Housing Administration)			☐ Yes ☐ No
b. ☐ VA (Veterans Administration)			☐ Yes ☐ No
c. ☐ FNMA (Federal National Mortgage Association)			☐ Yes ☐ No
d. ☐ FHLMC (Federal Home Loan Mortgage Company)			☐ Yes ☐ No
e. ☐ Other (Provide name)			☐ Yes ☐ No

Note: For each of the above (16. a, b, c, d and e) you check, provide a copy of the approval. For each suspended Yes box you checked give full details on separate sheet.

17. Bond Amount: Shall be ten thousand dollars for licensees whose investors are limited solely to institutional investors, and fifteen thousand dollars for licensees whose investors include any non-institutional investors.

Do you intend to use only institutional investors?	If no, you must carry the larger bond amount. Refer to A.R.S. 6-903.H Have you enclosed a bond for the appropriate amount?
☐ Yes ☐ No	☐ Yes ☐ No

18. Below list five lenders to whom you sell and/or for whom you service mortgages, or those that you are considering selling to or servicing for, list contact.

a. Name			
Address Line	City	State	Zip Code
Contact Person:	Telephone Number:		
b. Name			
Address Line	City	State	Zip Code
Contact Person:	Telephone Number:		
c. Name			
Address Line	City	State	Zip Code
Contact Person:	Telephone Number:		
d. Name			
Address Line	City	State	Zip Code
Contact Person:	Telephone Number:		
e. Name			
Address Line	City	State	Zip Code
Contact Person:	Telephone Number:		

19. Branches: *** Commercial locations must submit a legible copy of the signed Lease/Rental Agreement.**

a. Designated Branch Manager (Overseer or Contact Person)		**Branch Type (check one)** ☐ ***Commercial** ☐ **Residential**	
Address	**City**	**State:**	**Zip Code:**
Telephone Number:	**FAX Number:**		
b. Designated Branch Manager (Overseer or Contact Person)		**Branch Type (check one)** ☐ ***Commercial** ☐ **Residential**	
Address	**City**	**State:**	**Zip Code:**
Telephone Number:	**FAX Number:**		
c. Designated Branch Manager (Overseer or Contact Person)		**Branch Type (check one)** ☐ ***Commercial** ☐ **Residential**	
Address	**City**	**State:**	**Zip Code:**
Telephone Number:	**FAX Number:**		
d. Designated Branch Manager (Overseer or Contact Person)		**Branch Type (check one)** ☐ ***Commercial** ☐ **Residential**	
Address	**City**	**State:**	**Zip Code:**
Telephone Number:	**FAX Number:**		
e. Designated Branch Manager (Overseer or Contact Person)		**Branch Type (check one)** ☐ ***Commercial** ☐ **Residential**	
Address	**City**	**State:**	**Zip Code:**
Telephone Number:	**FAX Number:**		

List additional branches on a separate sheet.

Add any locations as Branch Offices if they are contacting Arizona Residents. Application fee per branch is $250.00

Do not include the Arizona principal location as a branch.

20. Individual to contact at the company regarding the processing of this Application and for future compliance and licensing:

Name & Title:			
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:	Email	

Affidavit

STATE OF _____

ss

COUNTY OF _____

I _____ being duly sworn, depose and say that I have signed the
print your name

foregoing application as _____ of the above named applicant, having full authority
print your title

to sign such application in said capacity; that I have read said application and that the information contained therein is true.

_____ _____

(Date) (Applicant Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____

My Commission Expires (Notary Public Signature)

The undersigned applicant/licensee acknowledges that the person listed below as proposed responsible individual is concurrently employed in that capacity by other licensees. This document serves as written approval of the proposed responsible individual's concurrent employment pursuant to A.R.S. Sections 6–909(H), 6–947(H) and 6–984(G), as applicable.

Proposed responsible individual must attach a list of all concurrent employers.

_____ _____

Signature of Proposed Responsible Individual Date

_____

Print Name

The following must be executed by an owner or officer the applicant/licensee.

_____ _____

Signature of Applicant or Licensee Date

_____ _____

Print Name Title

INSTRUCTIONS: **LEGIBLY PRINT or type all answers. All questions and statements, must be completed. If the answer is "NONE", so state**. The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. If more space is needed, use the "Remarks" section, and attach additional sheets if necessary. The information entered herein is for official use only and will be maintained in confidence.

*If you are applying to be the **responsible individual** (RI) Mortgage Broker, Mortgage Banker or Commercial Mortgage Banker license, review H. RI on page 3 for specific requirements.*

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ **(Attach a Eligible copy of your License)**
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

13. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. **You Must Include Complete Addresses**)

Date From / To	Name and **Complete Address** of Employer (include street, city, and zip) **Resumes or Personal References – Are Not Accepted As Employment Verification**	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a **legible** copy of your drivers' license? ☐Yes ☐No
2. Have you attached your **completed** (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of **any past or current derogatory credit or criminal issues**? ☐Yes ☐No ☐N/A

RI Applying to be the RESPONSIBLE INDIVIDUAL ("RI") (as summarized on page 1, second paragraph). You must meet the employment qualification set forth in the Arizona Revised Statutes. No Exceptions. You must provide employment verification from past and/or current employers on their professional company letterhead (provide **original** letters only). This verification must provide job description in terminology consistent with the equivalent and related experience outlined in the Arizona Revised Statutes and dates of employment in that qualifying capacity. **DO NOT SEND** W2's, resumes, personal references or education as proof of job experience.

4. Have you attached the required **original verification letter(s)**? ☐Yes ☐No

I. REMARKS: **(Furnish complete details** attach additional sheets if necessary)

Read, Sign & Notarize Both Top & Bottom Portion Of This Document

AFFIDAVIT

STATE OF _____
)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____
(Date) (Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ Year _____

_____ _____
My commission expires: (Notary Public)

AFFIDAVIT (part 2)

STATE OF _____
)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ _____
(Date) (Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ Year _____

_____ _____
My commission expires: (Notary Public)

Mortgage Broker Application

Personal Financial Statement

Do Not Use for Business Statement
Legibly Print Or Type All Information
There Must Be An Answer Provided For Each QUESTION. Therefore, If Not Applicable Use "None" Or "N/A"
Schedule's, Details and Descriptions MUST be completed in space provided and by attachments if necessary.
Total Assets MUST EQUAL Total Liabilities and Net Worth

Describe Any Unusual Assets or Liabilities

Name _____ Financial Condition As Of _____/_____/_____ (mo/day/yr)
Address _____ City _____
State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe) Credit Cards	
		TOTAL LIABILITIES	
		NET WORTH (Assets Minus Liabilities)	
TOTAL ASSETS		**TOTAL LIABILITIES and Net Worth**	

APPROXIMATE ANNUAL INCOME AND EXPENSE
(EXCLUSIVE OF ORDINARY LIVING EXPENSES)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
TOTAL INCOME		**TOTAL**	

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)

_____

3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)

_____

4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

_____

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____

6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)

7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)

8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

COMPLETE THE FOLLOWING SCHEDULES

SCHEDULE 1 - NOTES AND MORTGAGES OWNED
Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

SCHEDULE 2 – REAL ESTATE AND BUILDINGS
Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

_____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes ☐ No ☐
No. #2						Yes ☐ No ☐
No. #3						Yes ☐ No ☐
No. #4						Yes ☐ No ☐
No. #5						Yes ☐ No ☐

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____

SCHEDULE 4 - SECURITIES OWNED
Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

SCHEDULE 5 - INSURANCE

Public liability on autos $ _____ Property Damage on Autos $ _____

LIFE INSURANCE

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ **Date**

_____ **Signature**

Mortgage Broker Application

Corporate Financial Statement

Name of Corporation: _____

Address _____ **City** _____

State _____ **Zip** _____ **Telephone (_____)** _____

Financial Conditions At Close Of Business On_____/_____/_____(MO/DAY/YEAR)

ASSETS			LIABILITIES	
Cash on Hand and in Bank		$	Accounts Payable - Not Due	$
Accounts Rec. Customers - Current	$		Accounts Payable - Past Due	$
Accounts Rec. Customers - Past Due	$		Notes Payable	$
Total Accounts Receivable	$		Notes Payable Other Banks	$
Less: Reserve Doubtful Accts.	$	$	Notes or Trade Acceptances Payable for Mdse.	$
Notes Receivable - Customers	$		Other Notes Payable	$
Less: Reserve Doubtful Notes	$	$	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable		$	Mortgages Due Within One Year	$
Merchandise - Finished		$	Due Officers and Stockholders (Sched 2)	$
Merchandise - In Process		$	Due Controlled or Affiliated Concerns (Sched 6)	$
Merchandise - Raw Materials		$	Reserve for Income Taxes	$
Readily Marketable Securities (Sched 3)		$	Other Taxes Payable	$
			Accrued Liabilities	$
Net Cash Surrender Value of Life Insurance (Sched 1)		$	Portion of Long Term Debt Due within One Year	$
TOTAL CURRENT ASSETS		**$**	**TOTAL CURRENT LIABILITIES**	**$**
Real Estate and Bldgs. (Sched 4)	$		Real Estate Encumbrances (Sched 5)	$
Less: Reserve for Depreciation	$	$		
Machinery - Equipment - Fixtures	$		Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	$	$	and Chattel Mortgages	$
Automobiles and Trucks	$		Other Non-Current Debt (describe):	$
Less: Reserve for Depreciation	$	$		
Investments in Controlled or Affiliated Co. (Sched 6)		$	***TOTAL LIABILITIES***	$
Other Securities Owned (Sched 3)		$		
			Other Reserves (describe):_____	$
Due from Controlled or Affiliated Co. (Sched 6)		$		
Due from Officers and Stockholders (Sched 2)		$		
Other Non-Current Receivables		$	NET WORTH:	
			Preferred Stock	$
Deferred and Prepaid Items		$	Common Stock	$
			Capital Surplus	$
			Earned Surplus	$
			TOTAL NET WORTH	$
TOTAL		**$**	**TOTAL**	**$**

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold $ _____

As Guarantor or Endorser for _____ $ _____

For Merchandise Consigned by Suppliers $ _____

Otherwise (describe) _____ $ _____

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount $ _____

To whom? _____

With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments $ _____

Approximate Unfilled Orders on Hand $ _____

Describe any other unusual commitments _____

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM _____/_____/_____(DATE) TO _____/_____/_____(DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period	$ _____	
Cost of Goods Sold	$ _____	
Gross Profit		$ _____
Selling Expense	$ _____	
Administrative Expense	$ _____	
General Expense	$ _____	
Total Operating Expense		$ _____
Operating Profit		$ _____
Other Income		$ _____
Total Income		$ _____
Other Deductions	$ _____	
Federal & State Income Tax	$ _____	
Total Deductions		$ _____
Net Profit		$ _____
Total Depreciation and Amortization included in above statement		$ _____
Deductions for Bad Accounts included in above statement		$ _____
Salaries to Executive Officers included in above statement		$ _____

Reconciliation of Surplus:		
Surplus at beginning of period		$ _____
Net Profit		$ _____
*Surplus Credits		$ _____
Total		$ _____
Dividends Paid	$ _____	
*Surplus Debits	$ _____	$ _____
Surplus as of this statement date		$ _____

*If Surplus Adjustments involve important transactions please give details below: _____

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$

RENTAL: Does company rent? Yes ☐ No ☐
Present monthly rental paid $_____
Date of expiration of lease _____/_____/_____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____
Are all franchise taxes current? Yes ☐ No ☐
Are you authorized to do business in Arizona? Yes ☐ No ☐
Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value $ _____
Year last div. paid _____ Annual rate if established $ _____ No. of authorized pfd. shares _____
Outstanding _____Par value $ _____Dividend preference $ _____ Cumulative? _____
Div. Pd. to _____
Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	$	Public Liability on Owned Autos	$
On Mach'y, Equipt. and Fixtures	$	Property Damage on Owned Autos	$
On Buildings	$	P.L. and P.D. on Non-owned Autos	$
		Building & Elevator Pub. Liab.	$

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins. ☐ Steam Boiler ☐ Auto Fire, Theft ☐ Business Interruption ☐ Products Liability
☐ Riot and Strike ☐ Auto Collision ☐ Workmen's Comp ☐ Robbery or Burglary ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No
Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis _____%
Is any insurance on a monthly reporting basis? ☐ Yes ☐ No
Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 – SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.

SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? _____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____

Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	$		$
	$		$
	$		$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

Date _____ Signature _____ Telephone & Fax _____

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN)

TIN Type: ◯ Employer Identification Number (EIN) ◯ Social Security Number (SSN)

State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Entity Type Select one of the following

- ◯ Corporation (NOT providing health care, medical or legal services) (5A)
- ◯ Corporation (providing health care, medical or legal services) (5M)
- ◯ Partnership, LLP (5T)
- ◯ PLLC, LLC (5C)
- ◯ Individual/Sole Proprietor (6I)
- ◯ The US or any of its political subdivisions or instrumentalities (2G)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Tax-exempt organization under IRC §501 (5O)
- ◯ An international organization or any of its agencies or instrumentalities (5U)
- ◯ State of Arizona employee (1E)
- ◯ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City State Zip code

Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City State Zip code

Contact Information

Name

Phone # EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA **AGENCY** USE ONLY — VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA **GAO** USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed

GAO-W-9 Revised 4/18/05