



**STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE**  
Division of Financial Examinations  
85 7th Place East, Suite 500  
St. Paul, Minnesota 55101  
(651) 282-9855

**RESIDENTIAL MORTGAGE ORIGINATOR or  
SERVICER LICENSE APPLICATION**

**DISCLOSURE OF COMPANY OWNERS,  
PARTNERS, OFFICERS**

**NAME OF COMPANY:** \_\_\_\_\_

An applicant for a Company registration must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address		City, State, Zip
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

Name		
Address		City, State, Zip
Title (check one)		
<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Limited Partner
<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

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<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
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Name		
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Title (check one)		
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<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Governor/Member
<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority	

Signature of Owner/Partner/Officer	Title	Date
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This form may be photocopied if additional forms are needed.



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**MINNESOTA BUREAU OF CRIMINAL  
APPREHENSION (BCA) FORM**

The data, which you furnish on this form, will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed on the Disclosure of Company Owners, Partners, Officers form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue  
RE: Request for Criminal Background Check  
Request for Disclosure/Verification of Tax Identification Number

**\*\*\*PLEASE PRINT\*\*\***

License applied for:  Residential Mortgage Originator OR  Residential Mortgage Servicer

\_\_\_\_\_  
Name of applicant (or person in control)

\_\_\_\_\_  
Title or position in the company

\_\_\_\_\_  
Social Security Number of applicant (or person in control) Applicant's (or person in control's) date of birth

**The following section should only be completed if you are applying for a company (rather than individual) license:**

Name of the company: \_\_\_\_\_

Company's Federal EIN: \_\_\_\_\_

**The following section to be completed by all applicants:**

I, \_\_\_\_\_  
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:**

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.