

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING AND INSURANCE**  
**LICENSING SERVICES BUREAU**  
**P.O. BOX 473**  
**TRENTON, NEW JERSEY 08625-0473**

## MORTGAGE SOLICITOR REGISTRATION FORM

This form is to be completed by anyone employed in the capacity of a mortgage solicitor. No solicitor shall be employed by more than one mortgage banker, correspondent mortgage banker or mortgage broker at any concurrent time. This form is to be completed by the solicitor applicant who has never been previously registered with any licensed company or is not currently registered as a solicitor. An individual who is currently registered and wants to affiliate with another licensee should complete the Change Form on his/her solicitor certificate and remit with the \$100 registration fee. The form must be signed and completed by the employer. **NOTE:** It is the responsibility of the licensee to determine that the form has been properly completed and attachments, where required, accompany the registration. The \$100 registration fee must be paid by a company check & accompany this registration. Make check payable to: **TREASURER, STATE OF NEW JERSEY.**

### EMPLOYING LICENSEE CERTIFICATION

This is to certify that \_\_\_\_\_ is authorized to apply for a mortgage solicitor registration in affiliation with \_\_\_\_\_

[PRINT Full Name of Applicant (First, MI, Last)]

[PRINT Complete Business Name of Employing Licensee]

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[PRINT Reference No. of Employing Licensee]      mm      dd      yyyy

\_\_\_\_\_ [PRINT Name (First, MI, Last) of Corp. President, Partner or Sole Proprietor]      \_\_\_\_\_ [SIGN Name (First, MI, Last) of Corp. President, Partner or Sole Proprietor]

### INDIVIDUAL CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth within this document are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a mortgage solicitor certificate and I understand that any information withheld or which represents a material misstatement will constitute grounds for immediate rejection of this application by the N.J. Commissioner of Banking and Insurance.

**PRINT Name** \_\_\_\_\_ **SIGN Name** \_\_\_\_\_

Last      MI      First      First      MI      Last

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (\*) Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

mm      dd      yyyy      mm      dd      yyyy

\_\_\_\_\_ Residential Address      \_\_\_\_\_ City      \_\_\_\_\_ County      \_\_\_\_\_ State      \_\_\_\_\_ Zip

### SOLICITOR QUESTIONNAIRE

	YES	NO
1. Have you ever been indicted, arrested (other than for motor vehicle violations) or convicted of any offense, crime, or misdemeanor in this state, any other state, or in any federal jurisdiction? <span style="float:right; border: 1px solid black; padding: 2px;">If Yes, Click Here for ARREST FORM</span>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a license, or right to engage in this or any other business or profession, revoked, denied, suspended or restrained by any agency of this state, any other state, or by any federal jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever filed a petition of bankruptcy or reorganization, or been affiliated with any company that has filed a petition in bankruptcy or reorganization? If <b>YES</b> , include date of bankruptcy or reorganization proceedings, copy of petition in Bankruptcy and copy of discharge.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been fined, penalized or disciplined by any municipal government, agency of this state, any other state or any federal jurisdiction in addition to the criminal offense identified in Question #1?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six (6) months or more?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you previously been registered as a mortgage solicitor?  If <b>YES</b> , List company name _____ Approximate Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a United States Citizen? If <b>NO</b> , please provide details including copy of current document supporting your immigration status and/or birth certificate.	<input type="checkbox"/>	<input type="checkbox"/>

(\*) The authority to compel disclosure of Social Security Numbers is established at P.L. 1996 and N.J.A.C.D. 3:1-20