



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
LICENSING SERVICES BUREAU - BANKING  
PO Box 473  
TRENTON, NJ 08625-0473  
TEL (609) 292-7272

**NEW JERSEY CERTIFICATION OF OFFICE SUITABILITY  
FOR IN-STATE OFFICE LOCATION**

The commissioner shall consider the following factors in determining whether a location in New Jersey at which there is direct contact with New Jersey consumers is suitable:

1. The location shall have a space that may only be utilized for the purposes of the licensee's business and by the licensee and its employees, structured in such a way as to ensure the maintenance of a consumer's right to privacy with respect to conversations and documents involving personal and financial information;
2. The location shall conform to all local ordinances and zoning requirements;
3. The location shall be reasonably accessible to the public;
4. The location shall be reasonable free of noise and other distractions so as to permit customers to give appropriate consideration to the loan transaction; and
5. In addition, a location in a residence shall not be considered suitable unless the office is separate from the residential area and conveniently accessible to all consumers through a separate business entrance.

**This is to certify that we have reviewed the Department of Banking and Insurance office requirements stated above. We further certify that the proposed business address conforms to all the office requirements identified above.**

|                     |                                                  |
|---------------------|--------------------------------------------------|
| _____               | _____                                            |
| NMLS ID#            | (Address – City, State, Zip, County)             |
| _____               | _____                                            |
| (Name of Applicant) | (Print Name of Corp Pres/Member/Sole Proprietor) |
| _____               | _____                                            |
| (Date)              | (Signature of Corp Pres/Member/Sole Proprietor)  |

Subscribed and sworn to before me at

\_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Official Title)  
(Notarization)