DEPARTMENT USE ONLY:			
Ref No.	**Rel No.**	**C/R No.**	**Date Proc.**

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

LICENSED LENDERS BRANCH APPLICATION

INDICATE AUTHORITY(ies):
Mortgage Banker ___ Mortgage Broker ___ Correspondent Mortgage Banker ___
Secondary Mortgage Lender___ Consumer Lender ___ Sales Finance Company ___

TYPE OR PRINT CLEARLY

1. Name of Applicant:_____

D/B/A or Trade Name (if applicable)_____

Is this alternate name used only at this office? Yes ____ No ____ Is this name used at all locations ? Yes ____ No ____

2. New Jersey principal address as it appears on license: _____

_____ Reference #_____

3. Address of branch office to be licensed (include, city, state & zip code) _____

_____

4. Name of Branch Manager/Person in charge of location: _____

_____
Signature of Corporate President, Partner
Sole Proprietor or Licensed Individual

Subscribed and sworn to before me at

_____ Date _____

this _____day of_____20____

_____

_____
(Official Title)

Rev6/04