

**N J DEPARTMENT OF BANKING AND INSURANCE  
LICENSING SERVICES BUREAU  
P.O. BOX 473  
TRENTON, NJ 08625**

**LICENSE APPLICATION INSTRUCTIONS  
NEW JERSEY IN-STATE OFFICE LOCATION NOT REQUIRED**

**All applications submitted to this office must be complete and include all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. No further review will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.**

**GENERAL INSTRUCTIONS**

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. A limited liability company must submit a copy of the LLC operating agreement. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.

8. Personal Certifications must be completed by all officers, directors, substantial stockholders (10% or more), members, partners or owners.
9. All applicants must attach a financial statement as prepared by your accountant/office manager/bookkeeper demonstrating net worth. In the instance of a newly formed company, attach a start-up balance sheet. **Money Transmitters and Foreign Money Transmitters have special requirements and must follow the instructions on their specific instruction sheet.**
10. Submit a company check or money order made payable to: **Treasurer, State of New Jersey.** The check must be in the amount listed in the schedule below for the license type selected on the application. Personal checks are not accepted.

<b><u>LICENSE TYPE</u></b>	<b><u>NON-REFUNDABLE FEE</u></b>
Insurance Premium Finance Co	\$500.00
Non-Profit Debt Adjuster	\$300.00
Foreign Money Transmitter	\$700.00
Money Transmitter	\$700.00
Home Finance Agency	\$400.00
Foreclosure Consultant (Business-Including Sole Proprietorship)	\$500.00
Foreclosure Consultant (Individual- Natural Person)	\$100.00

**NOTE: All fees submitted with an application are NON-REFUNDABLE.**

Questions regarding an application may be directed to (609) 292-7272 – follow the prompts and select option #3, then select option #2, and then select option #1 to be connected to Banking Licensing.

Send by regular mail to:                          or  
Licensing Services Bureau  
N.J. Dept. of Banking & Insurance  
PO Box 473  
Trenton, NJ 08625

for Overnight Mail Service send to:  
Licensing Services Bureau  
N.J. Dept. of Banking & Insurance  
20 W. State St. – 8<sup>th</sup> Floor  
Trenton, NJ 08608

# **SPECIAL INSTRUCTIONS TO THE FORECLOSURE CONSULTANT BUSINESS ENTITY APPLICANT**

**In addition to following the General Instructions, you must also:**

1. Submit an unqualified audited financial statement for the business prepared by a Certified Public Accountant or Public Accountant in Good Standing.
2. Submit an original executed surety bond on the form provided demonstrating coverage in the amount of \$75,000.
3. All candidates for a Foreclosure Consultant Business license or a Foreclosure Consultant Individual license are required to complete a fingerprinting process as a condition of securing either of these licenses. This requirement affects all new candidates for a sole proprietorship license as well as all owners, principals, officers, directors, partners, members and managers of a limited liability company, shareholders owning 10% or more of the applicant and all employees requiring individual licensure as foreclosure consultants.
4. Attach evidence of the completion of the fingerprinting process for all owners, principals, officers, directors, partners, members and managers of a limited liability company, shareholders owning 10% or more of the applicant and all employees requiring individual licensure which should include:
  - a. a copy of the individual's completed Universal Form
  - b. a copy of the payment receipt issued by MorphoTrust, the fingerprint LiveScan vendor, at the time of completion of the LiveScan printing.

For more information on the fingerprinting process, go to:

<http://www.state.nj.us/dobi/banklicensing/foreclosureconsultantfingerprint.html>

If any of the individuals requiring fingerprinting do **NOT** live, work or go to school in New Jersey **or** do **NOT** live, work or go to school within ten (10) miles of any of New Jersey's borders, contact the Banking Licensing Services in writing by fax at (609) 633-0822 for appropriate information and forms for completion of the required fingerprinting. The written request **MUST** include the type of license for which you are applying, the name and mailing address of the company as well as identification of the individuals who will need fingerprinting and a contact name and telephone number. **NOTE:** This process will include the use of "ink and roll" fingerprint cards that can be obtained **ONLY** through the Licensing Services Bureau, Banking, and that must be taken to the individual's local police/state police jurisdiction for completion.

5. Submit a New Jersey Certification of Office Suitability for In-State Office Location or a Certification of Office Suitability for Out-Of-State Office Location, whichever is applicable, for the location to be licensed.
6. Submit a separate Foreclosure Consultant Individual application for each employee requiring licensure.

7. Submit a list identifying any additional locations at which the applicant will engage in the business of foreclosure consulting on an ongoing basis. The following information must be included: (1) business address, including street, city, state, zip code; (2) name of contact person; (3) telephone number.

Questions concerning this application should be directed to Licensing Services Bureau at (609) 292-7272 (follow menu prompts and select #3, then select #2, then select #1 to be connected to Banking Licensing staff)

**APPLICATION MUST BE COMPLETE UPON SUBMISSION OR IT WILL BE RETURNED.**

<b>DEPARTMENT USE ONLY:</b>			
Ref No.	Rel No.	C/R No.	Date Proc.

**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING and INSURANCE**

**LICENSING SERVICES BUREAU  
PO Box 473  
Trenton, NJ 08625**

**LICENSE APPLICATION  
FORECLOSURE CONSULTANT  
BUSINESS ENTITY**

<b>THIS APPLICATION IS FILED BY A:</b>	<b>Corporation</b>	<b>Sole Proprietor</b>	<b>Partnership</b>
	<b>Limited Partnership</b>	<b>Limited Liability Company</b>	

***TYPE OR PRINT CLEARLY***

- Name of applicant: \_\_\_\_\_  
D/B/A or Trade Name (if applicable) \_\_\_\_\_
- Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ Tel. No. \_\_\_\_\_  
E-mail address (**Required**) \_\_\_\_\_
- Federal Tax Identification No. \_\_\_\_\_
- Alternate mailing address, if different from address to be licensed:

_____	
Address	
_____	
Person to Contact	Telephone Number

5. Officer/Member/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholder/Member information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER-SHIP	BUSINESS ADDRESS

8. Name and business address of the registered agent in this State \_\_\_\_\_  
 \_\_\_\_\_

9. Date of incorporation/formation: \_\_\_\_\_

10. Place of incorporation/formation: \_\_\_\_\_ in the County of \_\_\_\_\_ State of \_\_\_\_\_

11. Date of authorization to do business in New Jersey \_\_\_\_\_ (applicable to foreign corporations).  
 Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, members, directors, partners, owners or substantial stockholders over 18 years of age? Yes \_\_\_ No \_\_\_. Are all of the officers, members, directors, partners, owners or substantial stockholders citizens of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_.

13. Is the applicant or any officer, member, director, partner, owner or substantial stockholder now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Has the applicant or any officer, member, director, partner, owner or substantial stockholder had any fines or penalties levied in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime or misdemeanor (other than a motor vehicle violation) in this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “yes”, complete an ARREST FORM found on [www.dobi.nj.gov](http://www.dobi.nj.gov).**
16. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Has the applicant or any officer, member, director, partner, owner or substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance?  
Yes \_\_\_\_\_ No \_\_\_\_\_.
18. Has the applicant or any officer, member, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_.
19. Has the applicant or any officer, member, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes \_\_\_\_\_ No \_\_\_\_\_. Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant’s or licensee’s financial health and would be required to be referenced in that entity’s annual audited financial statements, reports to shareholders or similar documents.

**SOLE PROPRIETOR ONLY**

20. 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 months or more? Yes \_\_\_\_\_ No \_\_\_\_\_  
**MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.**

**For “No” response to either question contained in Question 12, refer to the website for an explanation of supporting documentation requirements.**

**For “Yes” responses to Questions 13 thru 20, refer to the website for an explanation of supporting documentation requirements.**

**Failure to provide the specific information requested will cause the application to be returned to you.**

**NOTE:** Disclosure of Social Security Numbers is mandatory for child support enforcement purposes. The authority to compel disclosure of Social Security Numbers is established at P.L. 1996, c.7 and N.J.A.C. 3:1-20.

**CERTIFICATION**

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

Signed, sealed and delivered in  
the presence

\_\_\_\_\_  
(Print Name of Applicant)

**(CORPORATE SEAL)**  
(if applicable)

\_\_\_\_\_  
(Signature of Corporate President, Member, Partner or Sole Proprietor)

Attest: \_\_\_\_\_  
(Corporate Secretary or Witness)

**Subscribed and sworn to before me at**

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

\_\_\_\_\_  
**(Official Title)**





**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 reasonably 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.**

\_\_\_\_\_  
 REFERENCE# (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)



**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 OUT-OF-STATE OFFICE LOCATION

The Commissioner shall consider the following factors in determining whether an out-of-State location at which there is direct contact with New Jersey consumers is suitable:

1. The location shall ensure the maintenance of a consumer's right to privacy with respect to conversations and documents involving personal and financial information; and
2. The location of the out-of-State office shall comply with all applicable Federal, State and local laws in the state where the office is located.

**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.**

\_\_\_\_\_  
 REFERENCE#

\_\_\_\_\_  
 (Address – City, State, Zip)

\_\_\_\_\_  
 (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)

# Foreclosure Consultant Bond

WHEREAS, application has been made to the Commissioner of Banking and Insurance of New Jersey by \_\_\_\_\_

(If a sole proprietor, partnership or limited liability company, insert full name and trade name, if any, and add the words "residing in the city of \_\_\_\_\_,

County of \_\_\_\_\_, State of \_\_\_\_\_" or if a corporation, insert full title and add the words "a corporation of the State of \_\_\_\_\_.")

for a license under the Foreclosure Rescue Fraud Prevention Act (N.J.S.A. 46:10B-53 et seq.)

WHEREAS, every licensee shall file with the Commissioner a surety bond in the principal sum of \$\_\_\_\_\_ said bond is to be issued by a surety company authorized to engage in the business in the State of New Jersey; now, therefore,

KNOW ALL PERSONS BY THESE PRESENTS, that \_\_\_\_\_

(Name of Licensee)

as the principal, and \_\_\_\_\_ of the City of \_\_\_\_\_

(Name of Surety Company)

County of \_\_\_\_\_, State of \_\_\_\_\_, as surety, are held and firmly bound to the State of New Jersey for the use and benefit of any person injured by the licensee or its employees under and by virtue of the provision so the Foreclosure Rescue Fraud Prevention Act (N.J.S.A. 46:10B-53 et seq.) in the principal sum or \$\_\_\_\_\_ thousand dollars, to be paid to the Commissioner of Banking and Insurance, to which payment well and truly to be made, we bind ourselves, our and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the licensee will faithfully comply with and abide by the provisions of N.J.S.A. 46:10B-53 et seq., and all rules and regulations promulgated or to be promulgated pursuant thereto and will commit no wrongful act, default, omission, fraud or misrepresentation and perform all obligations and undertakings honestly, fairly, equitably and efficiently when engaging in the Foreclosure Consultant business in this State by virtue of the provisions of N.J.S.A. 46:10B-53 et seq., then this obligation will be void; otherwise, it will remain in full force and effect. This bond shall continue in full force and effect indefinitely subject, however to cancellation. If the surety company herein shall so elect, this bond may be canceled any time by filing with the Commissioner 30 days written notice of such cancellation, but the surety company so filing the written notice shall not be discharged from any liability already accrued under this bond or which shall accrue before the expiration of the 30-day period.

Regardless of the number of years this bond remains in force, the aggregate liability of the surety hereunder for any and all claims in no event shall exceed the full sum hereof.

IN WITNESS WHEREOF, we have executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_.

Signed, sealed and delivered  
in the presence of

(Corporate seal)

\_\_\_\_\_  
Name of Licensee

Attest \_\_\_\_\_

\_\_\_\_\_  
President of Corporation

This \_\_\_\_\_ day of \_\_\_\_\_

(Corporate Secretary or witness if  
sole proprietorship or partnership)

\_\_\_\_\_  
Sole Proprietor or General Partner or  
Limited Liability Company Manager

\_\_\_\_\_  
Surety Company

\_\_\_\_\_  
Attorney-in-fact

# FORECLOSURE CONSULTANT BUSINESS ENTITY APPLICATION ADDENDUM

**ADDITIONAL LOCATIONS CONDUCTING FORECLOSURE CONSULTATION:**

1. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

2. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

3. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

4. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

5. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

6. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

7. \_\_\_\_\_  
Business Address (street, city, state, zip code)

\_\_\_\_\_  
Contact Person Telephone Number

# PERSONAL CERTIFICATION

(This blank form may be reproduced)

**Individual completing form check below:**

Officer/Partner/Member/Owner \_\_\_\_\_  
Director \_\_\_\_\_  
Stockholder \_\_\_\_\_  
Employee \_\_\_\_\_

1. Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.**

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, in what country do you hold citizenship? \_\_\_\_\_.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “yes”, complete [ARREST FORM](http://www.state.nj.us/dobi) found on [www.state.nj.us/dobi](http://www.state.nj.us/dobi).**
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you been involved in any material litigation during the five-year period prior to application? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_\_ No \_\_\_\_\_.

For “No” response to either question contained in Question 7, refer to the website for an [explanation of supporting documentation requirements](#).

For “Yes” responses to Questions 8 thru 15, refer to the website for an [explanation of supporting documentation requirements](#). Failure to provide the specific information requested will cause the application to be returned to you.

**CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me

On this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Title