



**Illinois Department of Financial and Professional Regulation**  
**Division of Banking**

**PAT QUINN**  
Governor

**BRENT E. ADAMS**  
Acting Secretary

**JORGE A. SOLIS**  
Director

**Division of Mortgage Banking Regulation**

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**APPLICATION TO TRANSFER LOAN ORIGINATOR REGISTRATION  
INSTRUCTIONS**

***Pursuant to the Residential Mortgage License Act, conducting Loan Originator activities without an approved Certificate of Registration may result in civil/criminal penalties. A new employing Residential Mortgage Licensee may apply for approval to employ a Loan Originator as an exclusive employee on a temporary basis, pending the transfer of the registration, for a period not to exceed 45 calendar days. The completion, submission and payment of this registration will serve as your 45 day permit.***

Active inoperative (inactive status) per 38 Illinois Administrative Code Section 2150: a) A Loan Originator's Certificate of Registration shall be considered on Inactive Registration Status at any time a Loan Originator is not employed by a licensee. b) When a Loan Originator has been on Inactive Registration Status **for more than 90 calendar days**, prior to resuming active status, the Loan Originator shall pay IDFPR a Loan Originator Registration Reactivation Fee in the amount of \$100.

***Please read these instructions before completing the Application to Transfer Loan Originator Registration. Failure to complete the required fields or omitting the required fee may result in a processing delay and/or the cancellation of the application.***

- [ ] Please type or print legibly in blue or black ink.
  - [ ] Fill out the application completely and mail it to:  
Illinois Department of Financial and Professional Regulation  
Division of Banking- LO Section  
320 W. Washington St.  
Springfield, IL 62786
  - [ ] The Loan Originator Pocket Card must be submitted with the Application to Transfer Registration form. The Loan Originator must inform his/her previous sponsoring broker to sign, date and send the Loan Originator Wall Certificate to the above address.
  - [ ] Confirmed Illinois Mortgage Banking (MB) License number via the employer.
  - [ ] Enclose the \$35 transfer fee (certified check or money order only) with the application. Only one check per application is accepted. No checks for multiple applications will be accepted. Make payments payable to the Illinois Department of Financial and Professional Regulation (IDFPR). Fees are not refundable.
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- Processing of the application can take up to 45 days. Your temporary permit is valid for 45 days after receipt of the completed transfer form.
  - Inquiries, issues and/or questions should be directed to [FPR.LoanOriginator@illinois.gov](mailto:FPR.LoanOriginator@illinois.gov).

**Application to Transfer Loan Originator Registration**  
**Illinois Department of Financial and Professional Regulation**  
**320 W. Washington St.**  
**LO Section**  
**Springfield, IL 62786-1509**

**PERMANENT LOAN ORIGINATOR INFORMATION:**

\_\_\_\_\_  
Loan Originator Legal Name (Last, First, Initial) Loan Originator Permanent Number (031/032)

\_\_\_\_\_  
Home Address (Street Address)

\_\_\_\_\_  
City State Zip

(      )

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**(Disclosure of an applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a) (13) and 38 Ill. Adm. Code Section 1050.2240 for use under the State's child support enforcement program.)**

\_\_\_\_\_  
Previous Employer's Licensee Name

\_\_\_\_\_  
Illinois MB License Number

\_\_\_\_\_  
Previous Employer's Licensed Address (Corporate Office)

\_\_\_\_\_  
City State Zip

Employment Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

Date(s) of completion of last Continuing Education (CE) course(s): \_\_\_\_\_

Number of CE hours completed during previous calendar year: \_\_\_\_\_

**PROSPECTIVE EMPLOYING LICENSEE INFORMATION: (CONFIRM ADDRESS AND MB LICENSE NUMBER)**

Employment Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Employing Licensee Name

\_\_\_\_\_  
Illinois MB License Number

\_\_\_\_\_  
Loan Originator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Loan Originator Printed Name

This State agency is requesting disclosure of information that is necessary to determine compliance with the Residential Mortgage License Act of 1987. Disclosure of this information is MANDATORY. Failure to provide the information could result in a fine or a licensing penalty under the Act. This form has been approved by the Agency Forms Management Coordinator.

**THE SECTION BELOW MUST BE COMPLETED BY THE EMPLOYING LICENSEE:**

**CONFIRMATION BY PROSPECTIVE EMPLOYING LICENSEE  
AFFIDAVIT OF EMPLOYMENT**

(This form must be completed by the Employer or authorized agent thereof, and submitted to the Illinois Department of Financial and Professional Regulation).

In the Matter of the Application of \_\_\_\_\_ (*full legal name*) to apply for transfer of registration as a Loan Originator under Article VIII of the Illinois Residential Mortgage License Act of 1987 and Sections 1050.246; 1050.2125 and 1050.2145 of the Administrative Rules to the Residential Mortgage License Act of 1987.

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**PART I - EMPLOYING LICENSEE INFORMATION**

Employment Effective Date: \_\_\_\_\_

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Employing Licensee Name MB Illinois Corporate License Number

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Prospective Employer's Licensed Corporate Office Address

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City State Zip

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Owner Name Federal Employer Identification Number (FEIN)

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Loan Originator Work-Site (Office Address)

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City State Zip

Illinois MB Branch License Number of work-site: \_\_\_\_\_

**(This is the branch license number if the work-site is different from corporate office address, please confirm the address and MB license number with the employer. Note if you are an out-of-state loan originator this should be the MB corporate office (licensed address and number).**

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Authorized Agent thereof (Last, First, Initial)

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Title

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( ) - ( ) -  
Office Telephone Number Office Fax Number

**PART II - ATTESTATION**

I, \_\_\_\_\_, **CERTIFY** that  
(Please print - Sponsoring Broker's name)

\_\_\_\_\_  
(Please print - Applicant's Last, First Name)

will be employed upon issuance of his/her Certificate of Registration.

State of \_\_\_\_\_

County of \_\_\_\_\_

I \_\_\_\_\_ hereby swear or affirm that I have completed the foregoing Affidavit of Employment. To the best of my knowledge, the answers are true and complete, and that the loan originator has served notice to me, the prospective employer of his/her continuing education status for the previous calendar year and that I, the new sponsor, am aware of the possible liability of a fine for any failure on his/her part to have completed the continuing education requirements.

**SIGNATURE OF PERSON AUTHORIZED TO EXECUTE THIS APPLICATION FORM MUST BE NOTARIZED.**

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public Printed Name (Last, First)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires

*Seal*

*Seal or stamp must be affixed to original.*