



Change of Control Checklist Jurisdiction-Specific Requirements



LOUISIANA LICENSED COMPANY CHANGE OF CONTROL

NMLS Unique ID Number: _____

Applicant Legal Name: _____

Prior written approval is required for a change of control.

LSA-R.S.6:1090(B)(1) states, “No person shall acquire or control a license to make or broker residential mortgage loans through the acquisition or control of fifty-one percent or more of the ownership interest in a licensee without first having obtained written approval from the commissioner, pursuant to an application for a change of control in ownership of the licensee, filed in the manner and on a form prescribed by the commissioner and accompanied by a fee of three hundred dollars. Any person who acquires controlling interest in a licensee without first having filed an application for change of control with the commissioner, shall be deemed to be operating without proper authority under this Chapter and is subject to the penalties of R.S. 6:1092(C).”

Persons or entities proposing to acquire control of licensees must have *prior* written approval from the Commissioner of Financial Institutions. The request must include the following:

- 1) Proposed date for change, including names of all parties involved.**
- 2) Two original Form FD 258 fingerprint cards, or equivalent, Louisiana State Police form, and Authority form for each owner, director, and executive officer who has not submitted fingerprint cards to this Agency within the last 5 years. Fingerprint cards can be obtained from your local law enforcement office. Fingerprint cards must be completely filled out including Social Security Number, the eight personal identification blocks, name printed at top and personal signature. Missing information will result in a delay and additional cards being submitted.**
- 3) Check made payable to the Office of Financial Institutions in the amount of \$42.50 for each person submitting fingerprints.**
- 4) \$300 change of control fee, check made payable to Office of Financial Institutions.**

Once written approval has been received from this Office and the change is complete, the following information must be submitted:

- 1) Copy of the Act of Sale, if applicable.**
- 2) A letter from the bonding company (if applicable) stating that they are aware of the change of control and that the bond is still in effect.**
- 3) A copy of the Board Resolution (if corporation).**
- 4) Signed copy of amended Operating Agreement (if LLC).**
- 5) Signed copy of Partnership Agreement (if Partnership).**
- 6) Name, address, and phone number of the registered agent for service of process.**
- 7) A Certificate of Resolution for each person having signing authority for the company.**

Supporting documentation as noted in the checklist must be provided along with this checklist to the following:

For U.S. Postal Service:

*Louisiana Office of Financial Institutions
Non-depository Division
Residential Mortgage Lending
P.O. Box 94095
Baton Rouge, LA 70804-9095*

For Overnight Delivery:

*Louisiana Office of Financial Institutions
Non-depository Division
Residential Mortgage Lending
8660 United Plaza Blvd, 2nd Floor
Baton Rouge, LA 70809*

WHO TO CONTACT – For jurisdiction specific questions concerning licensure, contact Louisiana Office of Financial Institutions, Non-depository Division licensing staff by phone at 225-925-4660 or send questions via email to nmls@ofi.louisiana.gov. Technical support questions about the NMLS or questions concerning how to create a filing should be directed to the **NMLS Call Center at (240) 386-4444**.

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), DBA name(s), or assumed name(s), if applicable.

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or
☐ Members/ or ☐ Partners of _____
Name of applicant/company
organized under the laws of the State / Commonwealth of _____ held at

Street address City State Zip Code
on the _____ day of _____ 20____, the following resolution was
duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Name of applicant/company
to be licensed or registered, BE IT RESOLVED, that _____
Name of authorized representative
who is the _____ of this ☐ limited liability company, ☐ corporation,
Title of authorized person
☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized
and directed to prepare, execute, verify, and present to the proper state authority, for filing, a written application for
licensure. Further, he/she is hereby authorized and empowered to make, sign
and execute all documents pertaining to the application and to perform every act whatsoever as required to file
the application on behalf of _____.
Name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Board Secretary)
(If LLC, this form must be signed by Managing Member)

TITLE : _____

DATE: _____

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING
AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

******PLEASE PRINT******

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY STATE ZIP CODE FACILITY OR AGENCY PHONE NUMBER **(225) 925-4660**

Request For: (pick one only)

☐ ADULT DAY CARE
☐ ADULT RESIDENTIAL
☐ ALCOHOL AND BEVERAGE COMMISSION
☐ ALCOHOL BEVERAGE OUTLET
☐ AMBULANCE SERVICE
☐ CASA
☐ CONCEALED HANDGUNS
☐ CRIMINAL JUSTICE EMPLOYEE
☐ DAYCARE
☐ DENTISTRY BOARD
☐ DEPARTMENT OF LABOR
☐ DEPARTMENT OF PUBLIC SAFETY
☐ EMPLOYERS
☐ FIREFIGHTERS
☐ GAMING
☐ HOME HEALTH AGENCY
☐ HOSPICE
☐ IMMIGRATION
☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
☐ JUVENILE DETENTION CENTER
☐ DEPARTMENT OF INSURANCE
☐ MANUFACTURED HOUSING

☐ MEDICAL EXAMINERS
☐ NURSING HOME
☐ OCS FOSTER/ADOPTIVE
☐ OCS PERSONNEL
☒ **OFFICE OF FINANCIAL INSTITUTIONS**
☐ OFFICE OF PUBLIC HEALTH
☐ PHARMACY BOARD
☐ POSTSECONDARY EDUCATION
☐ PRACTICAL NURSING
☐ PRIVATE ADOPTION
☐ PRIVATE INVESTIGATORS
☐ PRIVATE SECURITY
☐ PUBLIC HOUSING
☐ PUBLIC TAG AGENT
☐ REGISTERED NURSING
☐ RELIGIOUS ACTIVISTS
☐ RIVERBOAT PILOTS
☐ SCHOOL
☐ SENATE AND GOVERNMENTAL AFFAIRS
☐ TAXI DRIVERS
☐ USED MOTOR VEHICLE COMMISSION
☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____
LAST FIRST MIDDLE

****PRINT – USE INK****

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _ _ - _ - _ _ _ _ _ DATE OF BIRTH: _ / _ / _

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT

(For Corporations, LLCs, and all Out-of-State Entities)

Louisiana Agent for Service of Legal Process:

(a) Name of Agent: _____

(b) Address: _____

City: _____ State: _____ Zip Code: _____

(c) Business telephone number: (____) _____

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

Name of Licensee

Signed by: _____
Registered Agent or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

Should the licensee/registrant change its Agent for Service of Process, a new acknowledgement form reflecting such change is required to be submitted to this Office.