 

**VERIFICATION OF STATUS AND LICENSURE FOR SERVICE MEMBER, VETERAN, OR MILITARY SPOUSE**

Under Md. Code Ann., Bus. Reg. §2.5-101 *et seq*, the Commissioner of Financial Regulation and the State Collection Agency Licensing Board must approve or deny an application for licensure within 60 days of receipt of a completed application if the applicant:

* Is a service member, a veteran discharged under conditions other than dishonorable, or a military spouse (spouse or surviving spouse of a service member or of a veteran discharged under conditions other than dishonorable);
* Is stationed in Maryland or is a legal resident of Maryland;
* Is applying for a check cashing service, collection agency, consumer loan, installment loan, credit services business, debt management service, money transmitter, or sales finance company license;
* Is applying as a sole proprietor (not as a partner, member, owner, director, officer, or executive of a business entity); and
* Currently holds an equivalent license in at least one other state or the District of Columbia.

Md. Code Ann., Fin. Inst. §11-612.2 covers expedited licensure for mortgage loan originator applicants who are service members, veterans, or military spouses, and who hold a mortgage loan originator license in another state. Under this law, “veteran”, when used regarding individuals or spouses, refers to an individual who was discharged within one year prior to the date of application for licensure. There is no requirement for Maryland residency under this law.

If you believe you qualify for expedited licensure under one of these laws, please complete this form and upload it to NMLS under “Verification of Experience” in your MU2 or MU4 form.

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| 1. LAST NAME FIRST MIDDLE |
| 1. MARYLAND STREET ADDRESS, CITY, STATE, ZIP CODE (DUTY STATION OR HOME OF RECORD) – **NOT REQUIRED FOR MORTGAGE LOAN ORIGINATOR APPLICANTS** |
| 1. EXPEDITED LICENSURE IS AVAILABLE TO QUALIFYING ACTIVE DUTY SERVICE MEMBERS, DISCHARGED VETERANS, AND MILITARY SPOUSES. ARE YOU AN ACTIVE DUTY SERVICE MEMBER, VETERAN, OR MILITARY SPOUSE? IF YES, PLEASE INDICATE BELOW.   \_\_\_ ACTIVE DUTY SERVICE MEMBER (SEE QUESTION 4)  \_\_\_ VETERAN (SEE QUESTION 5)  \_\_\_ MILITARY SPOUSE (SEE QUESTIONS 6-7) |
| ***IF YOU ARE AN ACTIVE DUTY SERVICE MEMBER*:**   1. HAVE YOU BEEN ASSIGNED TO A DUTY STATION IN MARYLAND?   \_\_\_ YES \_\_\_ NO  IF YES, SUBMIT A COPY OF YOUR ASSIGNING ORDERS.  IF NO, IS THE ADDRESS ABOVE YOUR PRIMARY PLACE OF RESIDENCE IN MARYLAND? \_\_\_ YES \_\_\_ NO  NOTE: This section is not applicable to mortgage loan originator applicants |
| ***IF YOU ARE (A) A DISCHARGED VETERAN OF THE ARMED FORCES; OR (B) A RESERVE COMPONENT OF THE ARMED FORCES OR THE NATIONAL GUARD*:**   1. WERE YOU DISCHARGED UNDER CIRCUMSTANCES OTHER THAN DISHONORABLE? \_\_\_ YES \_\_\_ NO   IF YOU ANSWERED YES, SUBMIT A COPY OF FORM DD-214.  IF YOU ANSWERED NO, YOU DO NOT QUALIFY FOR AN EXPEDITED LICENSE.  IF YOU ARE A RESERVE COMPONENT OF THE ARMED FORCES OR THE NATIONAL GUARD, ARE YOU ON ACTIVE SERVICE OR HAVE AN ACTIVE STATUS? ? \_\_\_ YES \_\_\_ NO  **MORTGAGE LOAN ORIGINATOR APPLICANTS ONLY**: WERE YOU DISCHARGED WITHIN ONE YEAR PRIOR TO THE DATE OF YOUR APPLICATION FOR LICENSURE? \_\_\_ YES \_\_\_ NO |
| ***IF YOU ARE A MILITARY SPOUSE\**:**   1. IS YOUR SPOUSE AN ACTIVE DUTY SERVICE MEMBER WHO HAS BEEN ASSIGNED TO A DUTY STATION IN MARYLAND?   \_\_\_ YES \_\_\_ NO  IF YES, SUBMIT A COPY OF YOUR SPOUSE’S ASSIGNING ORDERS.  IF NO, WAS YOUR SPOUSE DISCHARGED UNDER CIRCUMSTANCES OTHER THAN DISHONORABLE?  \_\_\_ YES \_\_\_ NO (IF YES, SUBMIT A COPY OF YOUR SPOUSE’S FORM DD-214.)  ARE YOU A SURVIVING SPOUSE OF AN ACTIVE SERVICE MEMBER OR VETERAN? \_\_\_ YES \_\_\_ NO  IF YES, SUBMIT A COPY OF YOUR SPOUSE’S DEATH CERTIFICATE.  **MORTGAGE LOAN ORIGINATOR APPLICANTS ONLY**: IF YOUR SPOUSE IS A VETERAN, WAS HE/SHE DISCHARGED WITHIN ONE YEAR PRIOR TO THE DATE OF YOUR APPLICATION FOR LICENSURE? \_\_\_ YES \_\_\_ NO  *\*EACH MILITARY SPOUSE APPLYING FOR AN EXPEDITED LICENSE MUST SUBMIT A COPY OF HIS OR HER MARRIAGE CERTIFICATE OR DEPENDENT CARD (DD1173) IN ADDITION TO ANY OTHER REQUIRED DOCUMENTS.* |
| 1. LIST ALL OF THE STATES OR JURISDICTIONS WHERE YOU HOLD AN ACTIVE LICENSE IN GOOD STANDING EQUIVALENT TO THE LICENSE FOR WHICH YOU ARE NOW MAKING APPLICATION. |
| 1. IN WHICH OF THE STATES OR JURISDICTIONS LISTED ABOVE HAVE YOU HAVE MOST RECENTLY BEEN ENGAGING IN LICENSED ACTIVITY? |
| 1. IF AVAILABLE, PLEASE LIST THE LICENSE NUMBER OR OTHER IDENTIFYING INFORMATION FOR THE LICENSES HELD IN THE STATES LISTED DIRECTLY ABOVE. |
| I CERTIFY THAT THE INFORMATION AND DOCUMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE INFORMATION OR DOCUMENTS CONTAINED HEREIN SHOULD BE PROVEN FALSE, I UNDERSTAND THAT IT MAY RESULT IN THE DENIAL OF MY TEMPORARY LICENSE REQUEST AND/OR OTHER APPROPRIATE DISCIPLINARY ACTION.    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SIGNATURE DATE |
| SHOULD YOU HAVE ANY QUESTIONS RELATED TO THIS APPLICATION, PLEASE CONTACT:  COMMISSIONER OF FINANCIAL REGULATION  LICENSING UNIT  500 NORTH CALVERT STREET, ROOM 402  BALTIMORE, MD 21012  (410) 230-6100    finreg.licensing@maryland .gov |