



**MORTGAGE LOAN ORIGINATOR
LICENSE UPDATE FORM**

Please complete this form and return to:

Division of Real Estate
1560 Broadway Ste 925
Denver, CO 80202

Or FAX to:

Division of Real Estate
Attn: Licensing Section
Fax: 303-894-2683

1. Name of Licensee _____
(Last) (First) (Middle) (Former/Maiden)
2. License Number _____ Date of Birth _____
3. Social Security Number ____ / ____ / ____
4. Residence Address: _____
(Number and Street) (City) (State) (Zip Code)
Phone Number: _____
(Phone#) (Cell#) (FAX#)
P.O. Box for mailing purpose: _____
(PO No.) (City) (State) (Zip Code)
5. Business Address: _____
(Number and Street) (City) (State) (Zip Code)
Phone Number: _____
(Office#) (Cell#) (FAX#)
P.O. Box for mailing purpose: _____
(PO No.) (City) (State) (Zip Code)
E-mail address _____
6. Business Name: _____
7. Surety Bond Company/Insurance Provider Name: _____
Surety Bond # _____ Effective Date _____ Expiration Date _____

Please place my license/NMLS registration on inactive status at this time

Please reprint my license

Please activate my license (Include fee)

(I have included with this form a current copy of my E&O Insurance and Surety Bond)

Please activate my NMLS Registration (No fee)

Signature: _____ Date: _____