



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>

**MORTGAGE BROKER BRANCH OFFICE CLOSURE / SURRENDER**

**FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE FORM  
JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

Check the “Surrender” box on the *form MU3* and **complete only items 2, 3, 4, 7** (must include the **Records Custodian’s name**) and the execution block to notify WA Department of Financial Institutions (DFI) of your decision to cease operations in WA under the existing Mortgage Broker branch office license. Along with the *form MU3*, send the following to DFI. Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

1. FEE – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package.
  - a. Initial License Applications: \$371 deposit toward time spent processing the application
  - b. “Renewals:” \$530 per location is the Annual Assessment fee
  - c. Amendments: no fee required
  - d. Closures: Annual Assessment fee must be brought current
2. TRUST ACCOUNTING – If your branch office maintained a separate trust account, any remaining borrower funds remaining in that trust account should be submitted to the WA Dept of Revenue, Unclaimed Property Division online <http://www.dor.wa.gov> or phone (360)705-6706.
3. **SURRENDER ORIGINAL LICENSE** – Send the old original branch license to DFI.
4. STILL NEED HELP? Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov) for additional assistance.
5. DELIVERY – Keep copies of everything, and send original *Form MU3* and all attachments to:

<b>Via US Postal Service</b>	<b>Via other couriers (eg: FedEx, UPS, etc)</b>
Dept of Financial Institutions	Dept of Financial Institutions
Division of Consumer Services	Division of Consumer Services
PO Box 41200	150 Israel Rd SW
Olympia WA 98504-1200	Tumwater WA 98501

<b>FORM MU3</b>		<b>UNIFORM MORTGAGE BRANCH OFFICE FORM</b>				<input checked="" type="checkbox"/> <b>MORTGAGE BROKER</b>	
		Applicant full legal name: _____				<input type="checkbox"/> <b>MORTGAGE LENDER</b>	
		Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____			
License Number information (if applicable) is optional. Use additional sheets if necessary.		License # _____	Jurisdiction _____	License # _____	Jurisdiction _____	License # _____	Jurisdiction _____
		License # _____	Jurisdiction _____	License # _____	Jurisdiction _____	License # _____	Jurisdiction _____
1. <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>Complete "b" for the item(s) being amended.</i>							
<input checked="" type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER (review jurisdiction-specific instructions)							
2a. _____ Physical address (Number and Street)  _____		2b. _____ NEW Physical address (Number and Street)  _____		Physical City, State/Country, Zip+4/Postal Code _____		NEW Physical City, State/Country, Zip+4/Postal Code _____	
3a. _____ Mailing address or P.O. Box (if different from Physical)  _____		3b. _____ NEW Mailing address or P.O. Box (if different from Physical)  _____		Mailing address City, State/Country, Zip+4/Postal Code _____		NEW Mailing address City, State/Country, Zip+4/Postal Code _____	
4a. ( ) _____ - _____ ext _____ Business (Area Code) and Telephone Number  ( ) _____ - _____ Fax (Area Code) and Number  _____		4b. ( ) _____ - _____ ext _____ NEW Business (Area Code) and Telephone Number  ( ) _____ - _____ NEW Fax (Area Code) and Number  _____		Branch website (enter "None" if not applicable) _____		NEW Branch website _____	
5a. _____ Trade name or "dba" used at this branch		5b. _____ NEW Trade name or "dba" used at this branch		6a. _____ Branch Manager Name		6b. _____ NEW Branch Manager Name	
<b>EXECUTION:</b> The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following:							
(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;							
(2) To the extent any information previously submitted is not amended such information is currently accurate and complete;							
(3) That the <i>jurisdiction(s)</i> to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the <i>applicant</i> for purposes of issuing the subject licenses;							
(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;							
(5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the <i>applicant</i> is applying.							
Notary seal here		_____ Date (MM/DD/YYYY)		_____ Signature of <i>applicant's</i> representative		by _____	
		Signed or attested before me: _____		Print Notary Public name		Print <i>applicant's</i> representative name	
		on this _____ day of _____,		_____ at _____		_____	
		Date _____ Month _____		Year _____ State _____ County _____			
		_____ Notary Public signature		_____ Notary Appointment Expires (MM/DD/YYYY)			
<b><i>This execution must always be completed in full with original, manual signature and notarization.</i></b>							
<b><i>Affix notary stamp or seal where applicable.</i></b>							

