



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>

**LOAN ORIGINATOR APPLICATION/AMENDMENT/SURRENDER**  
**FORM MU4 UNIFORM INDIVIDUAL MORTGAGE LICENSE & CONSENT FORM**  
**JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

**PLEASE NOTE:** The MU4 form is a notarized document. DFI will not accept any form which has been altered. If you make a mistake, do not use white out or cross information out. Please start over using a new form.

**New Applicants**

**I am a Loan Originator applying for a license for the first time. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "New Application (active)" box at the top of the form
3. Complete **all** sections of the first page, except Line H which is for amendments only. Any lines left blank or any alterations to the form will result in the rejection of your application.
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Have your Designated Broker sign and completely fill out Section 3(A).
6. Send the **original** MU4 form along with one Fingerprint Card to DFI at either of the addresses on the bottom of the MU4. **If you are not a US Citizen, please include a copy of your proof of ability to work in the US.**

**I want to obtain a Loan Originator license but am not yet working for a company. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "New Application (inactive)" box at the top of the form
3. Complete **all** sections of the first page, except Line H which is for amendments only. Any lines left blank or any alterations to the form will result in the rejection of your application.
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Send the **original** MU4 form along with one Fingerprint Card to DFI at either of the addresses on the bottom of the MU4.

**Currently Licensed**

**I am already licensed but I am moving companies. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Transfer Single Relationship" box.
3. Complete **all** sections of the first page, except Line H which is for amendments only. Any lines left blank or any alterations to the form will result in the rejection of your amendment.
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Have your new Designated Broker sign and completely fill out Section 3(A). You do not need to have the old Designated Broker complete Section 3(B).
6. Send the **original** MU4 form to DFI at either of the addresses on the bottom of the MU4.

**I am already licensed but am moving locations in the same company. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Amend Existing License" box.
3. Complete Line 1(A) and Line 1(I) "address from which you conduct business."
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Have your Designated Broker sign and completely fill out Section 3(A).
6. Send the **original** MU4 form to DFI at either of the addresses on the bottom of the MU4.

**FORM MU4 - WASHINGTON STATE  
LOAN ORIGINATOR APPLICATION/AMENDMENT/SURRENDER**

Page 2 of 4

**I am already licensed but want to work as a Loan Originator for an additional company. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Establish Additional Relationship(s)" box.
3. Complete **all** sections of the first page, except Line H which is for amendments only. Any lines left blank or any alterations to the form will result in the rejection of your application.
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Have your Designated Broker sign and completely fill out Section 3(A).
6. Send the **original** MU4 form along with a check to DFI at either of the addresses on the bottom of the MU4. Make the check payable to the "Washington State Treasurer" and send \$75 for each additional company.

**I am already licensed but need to change my name (or other personal information) on my license (or record). How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Amend Existing License" box.
3. Complete Line 1(A), Line 1(H), and any other items which are being changed.
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2.
5. Have your Designated Broker sign and completely fill out Section 3(A).
6. Send the **original** MU4 form along with a copy of legal documents showing the name change (copy of marriage certificate, divorce decree, etc) to DFI at either of the addresses on the bottom of the MU4.

**I am already licensed but am no longer working in the Mortgage Industry and would like to place my license on inactive status. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Terminate Relationship" box.
3. Complete Line 1(A). You may skip Section 2 (Notary).
4. Either the Loan Originator or the Designated Broker completes Section 3(B).
5. Mail or fax MU4 form to DFI at either of the addresses on the bottom of the MU4.

**I am already licensed but am no longer working in the Mortgage Industry and would like to cancel my license. How do I properly complete the MU4 form?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the "Surrender/Cancel License" box.
3. Complete Line 1(A).
4. Sign Section 2 before a Notary Public and have the Notary fully complete the remaining portion of Section 2. The second page of the does not need to be completed.
5. Send the **original** MU4 form to DFI at either of the addresses on the bottom of the MU4.

**I am a licensed Mortgage Broker in WA State. How do I notify DFI of a terminated loan originator?**

1. From DFI's website, open the 2-page MU4 form in "Word" or print the 2-page MU4 form in PDF version.
2. Check the terminate relationship box.
3. Complete Line 1(A). You may skip Section 2 (Notary).
4. Have the Designated Broker sign and completely fill out Section 3(B).
5. Fax the MU4 to 360-664-2258 or mail it to DFI at either of the addresses on the bottom of the MU4.

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.

DELIVERY – Keep copies of everything, and send original *MU4 Form* and all attachments to:

**Via US Postal Service**

Dept of Financial Institutions  
Division of Consumer Services  
PO Box 41200  
Olympia WA 98504-1200

**Via other couriers (eg: FedEx, UPS, etc)**

Dept of Financial Institutions  
Division of Consumer Services  
150 Israel Rd SW  
Tumwater WA 98501

**This form is not the complete Washington State Loan Originator license application.  
You must apply online to complete the Loan Originator license application.**

<b>FORM MU4</b>	<b>UNIFORM INDIVIDUAL MORTGAGE LICENSE &amp; CONSENT FORM</b>		
Washington	Date of filing (MM/DD/YYYY): _____	Desired Effective Date (MM/DD/YYYY): _____	
<input type="checkbox"/> NEW APPLICATION (active) \$125	<input type="checkbox"/> AMEND EXISTING LICENSE – complete only item(s) being changed		
<input type="checkbox"/> NEW APPLICATION (inactive) \$125	<input type="checkbox"/> ESTABLISH ADDITIONAL RELATIONSHIP(S) \$75 each additional relationship		
<input type="checkbox"/> TRANSFER SINGLE RELATIONSHIP	<input type="checkbox"/> TERMINATE RELATIONSHIP	<input type="checkbox"/> SURRENDER/CANCEL LICENSE	
<b>1. Individual's identifying information:</b>		<b>License #: 510-LO-_____</b>	
(A) Full last, first and middle names:			
_____	_____	_____	_____
Last Name	First Name	Full Middle Name	Suffix
(B) Social Security Number: _____ (C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country of Birth: _____			
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).			
_____	_____	_____	_____
Name	Name	Name	Name
(H) <b>For amendments only:</b> If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:			
_____	_____	_____	_____
Last Name	First Name	Full Middle Name	Suffix
(I) Address from which you conduct business: (do not use a PO Box) <input type="checkbox"/> If this address is your private residence, check this box.			
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code
(J) Current residence address (if different from employment address):			
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code
(K) Telephone numbers and e-mail address:			
_____	_____	_____	_____
Business Phone	Cell Phone (optional)	Fax Line (optional)	e-mail address
<b>2. Individual's acknowledgment &amp; consent:</b>			
I swear or affirm that I have executed this form before a Notary Public, of my own free will and:			
(A) I have read and understand the items and instructions on this form;			
(B) My answers (including attachments) are true and complete to the best of my knowledge;			
(C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;			
(D) I authorize all my current and former employers, law enforcement agencies, and any other <i>person</i> to furnish to any <i>jurisdiction</i> , or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination;			
(E) I have read and understand applicable federal and state law, and will be in compliance at all times;			
(F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.			
	_____	_____	
	Date (MM/DD/YYYY)	Signature of applicant	
	Signed or attested before me: _____	by _____	
	Print Notary Public name	Print applicant name	
Notary seal here	on this _____	day of _____,	at _____
	Date	Month	Year State County
	_____	_____	
	Notary Public signature	Notary Appointment Expires (MM/DD/YYYY)	
<b>Individual's acknowledgment &amp; consent must be completed in full with original, manual signature and notarization. Affix notary stamp or seal.</b>			

**This form is not the complete Washington State Loan Originator license application.  
You must apply online to complete the Loan Originator license application.**

**3. Mortgage Broker/Mortgage Lender Relationship Representation** *(multiple relationships permitted in WA):*

(A)  **ESTABLISH RELATIONSHIP** As of the desired effective date above, the *applicant* is working for my company.  
 W-2 employee  1099 independent contractor

\_\_\_\_\_ by \_\_\_\_\_  
Company Name Signature of Authorized Party Print Name and Title of Authorized Party

(B)  **TERMINATE RELATIONSHIP** As of the desired effective date above, the *applicant* is no longer working for my company.

\_\_\_\_\_ by \_\_\_\_\_  
Company Name Signature of Authorized Party Print Name and Title of Authorized Party

Reason for termination (optional):

Voluntary Resignation  Deceased on Date (MM/DD/YYYY) \_\_\_\_\_  
 Permitted to Resign – Explanation \_\_\_\_\_  Discharged – Explanation \_\_\_\_\_

***Relationship Representation must be completed in full with original, manual signature.***

**After completing your online application** ([www.dfi.wa.gov](http://www.dfi.wa.gov)), mail this form with two completed fingerprint cards to:

*via US Postal Service:*  
Dept of Financial Institutions  
Division of Consumer Services  
PO Box 41200  
Olympia WA 98504-1200

*via other couriers (eg: UPS, FedEx, etc)*  
Dept of Financial Institutions  
Division of Consumer Services  
150 Israel Rd SW  
Tumwater WA 98501

*No online application or fingerprint cards is required for amendments or adding or terminating relationships filings.  
Initial application fee of \$125 is paid during your online application process.*

*When adding relationship(s), enclose check for \$75.00 for each relationship, payable to "Washington State Treasurer."*