



NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603

Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309

Telephone: 919/733-0589 Fax: 919/733-2978 Internet: www.nccob.org

Claim of Exemption from the S.A.F.E. Mortgage Licensing Act

General Information and Instructions

North Carolina General Statutes Chapter 53, Article 19B (NC Secure and Fair Enforcement (S.A.F.E.) Mortgage Licensing Act "MLA", S.L. 2009-374) requires that residential mortgage lenders, brokers, servicers and mortgage loan originators, be licensed by the Commissioner of Banks unless exempt by law from this requirement. Entities exempt under N.C. Gen. Stat. § 53-243.30(29) are nonetheless required by law to file to claim their exemption under N. C. Gen. Stat. § 53-244.050(g), of which there is no fee for filing. Individuals or entities who not required to claim an exemption but which are exempt under N.C. Gen. Stat. § 53-244.040(d) may use this form as well. **NOTE:** Employees of exempt entities are exempt from the MLA's loan officer licensure requirement. Such persons will be treated as exempt without filing to claim exempt status individually.

Use this form to claim exemption from licensure. Please review the form carefully and give full and complete responses to each question. If a particular item does not apply, you must enter "None" or "N/A" (not applicable). When called for herein, disclosure of taxpayer ID numbers/social security numbers is necessary in order to ensure proper identity. All information must be typed or printed legibly in ink. Claim forms that are incomplete or improperly signed will not be processed.

Bases for Exemption

The various bases for claiming exemption are set out in the MLA, N.C. Gen. Stat. § 53-244.040(d). Common exemptions can be found in question number 5 of this form. **NOTE:** Employees of exempt entities are also exempt from the MLA's mortgage loan originator licensure requirement and will be treated as exempt without filing individually to claim exempt status.

Application Status and Exemption

The Office of Commissioner of Banks may take up to 15 days to process this claim. If there are questions regarding your application, you may be requested to furnish additional information. Once approved, you will be notified by mail.

Notification of Changes

Claimants are required to keep all information on file with the Commissioner current. If the information contained in the initial filing changes in any material respect, the Claimant must notify the Commissioner within 15 days of the effective date of such change.

Please mail the completed form to:

NC Commissioner of Banks*
Non-Depository Entities Division
4309 Mail Service Center
Raleigh, North Carolina 27699-4309

Credit Unions and their subsidiaries only:

*NOTE: If Claimant answers "Yes" to question 4.c. of this form (claiming exemption as a credit union or credit union subsidiary), send this form to:
Administrator, NC Credit Union Division,
205 W. Millbrook Rd., Suite 105
Raleigh, NC 27609.
Phone: 919-850-2929, Fax: 919-420-7919.

Questions:

If you have questions about completing this form, visit our website www.nccob.org or call (919) 733-0589.



Office Use Only

No. _____

Date: ____ / ____ / ____

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**Claim of Exemption
From the S.A.F.E. Mortgage Licensing Act**

1. Name of Claimant: _____
(Insert full legal name of business)

Federal Tax ID (No SSN):

2. If Claimant is operating under an assumed name (DBA), list name here:

(Attach copy of **recorded** certificate of assumed name.)

3. Principal Business Address: (Provide a street address.)

City: State: Zip Code: County:

Telephone Number Fax Number:

Email: Website:

Mailing Address (If different from street address shown above)

City: State: Zip Code:

4. Business activities within NC-Please check applicable box(es):

- Making owner occupied residential mortgage loans.
- Servicing owner occupied residential mortgage loans. (Please complete the contact information below if your company has a separate qualifying individual for its servicing business.)

Name:

Address:

City: State: Zip Code:

Contacts: Phone:
Fax Number:
Email:

Under penalties of perjury, I affirm that I have examined this Claim of Exemption, and any accompanying information, to the best of my knowledge and belief it is true, correct and complete, and I, the undersigned, am authorized to sign on behalf of Claimant. The Claimant and its employees will comply with the provisions of the MLA. I understand that non-compliance could result in a suspension or revocation of the Claimant's exempt status. I understand that any exemption, if found to exist, may not be transferred and that if the Claimant is sold or its organizational structure is changed a new Claim of Exemption must be filed. I further understand that although exempt, Claimant's failure to comply with the provisions of NCGS §53-243.11 **Prohibited activities** may result in the imposition of civil penalties.

Witness my hand and seal (or company seal) this _____ day of _____, 20_____.

(Name)

ATTEST: _____ Signature: _____(Seal)
Name: _____ Name _____
Title: _____ Title: _____

STATE OF _____
COUNTY OF _____

The undersigned notary for said county and state certifies that _____ (name of officer) personally came before me this day and acknowledged that he or she is _____ (title) of _____ (name of firm), and that by authority duly given and that as the act of the partnership/corporation the foregoing Application and agreement were signed in its name by its _____ (title), sealed with his/its corporate seal, and attested by its _____(attesting officer).

Witness my hand and official seal this _____ day of _____, 20_____.

Notary Public (SEAL)

My Commission expires: _____