



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT

*Sarah Palin, Governor*  
*Emil Notti, Commissioner*  
*Mark R. Davis Director*

Division of Corporations, Business and Professional Licensing

## **Registration for Exemption Alaska Mortgage Lending Regulation Act**

### **General Information and Instructions**

The Alaska Mortgage Lending Regulation Act (AMLRA), AS 06.60, requires mortgage lenders, mortgage brokers, and originators operating in Alaska to become licensed by the Division of Corporations, Business and Professional Licensing unless exempt by law. Exempt entities are nonetheless required by law to file a registration form to obtain an exemption. **NOTE:** Employees of exempt entities are exempt from the AMLRA's originator licensure requirements. Such persons will be treated as exempt without registering exempt status individually if that person is listed on the "Registration for Exemption" form of the employer.

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

### **Basis for Exemption**

The basis for claiming an exemption is set out in the AMLRA in AS 06.60.015. Common exemptions can be found in this form. **NOTE:** Employees of exempt entities are exempt from the AMLRA's originator licensure requirements. Such persons will be treated as exempt without registering exempt status individually if that person is listed on the "Registration for Exemption" form of the employer.

### **Application Status**

If there are questions regarding your application you may be requested to furnish additional information. Once your application is approved you will be notified by mail.

### **Notification of Change**

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

**Please mail completed forms to:** State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
550 W. Seventh Ave., Suite 1930  
Anchorage, AK 99501

**Questions:** If you have questions about completing this form, visit our website [www.commerce.state.ak.us/occ/mortgagelicensing](http://www.commerce.state.ak.us/occ/mortgagelicensing) or call 907-269-4594.

**Registration for Exemption  
Alaska Mortgage Lending Regulation Act**

**Applicant Information**

\_\_\_\_\_  
Name of Registrant

\_\_\_\_\_  
Name under which business will be conducted in Alaska (dba or assumed name)

\_\_\_\_\_  
Federal Tax ID/SSN No.

\_\_\_\_\_  
Street Address (P.O. Boxes are not acceptable)

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Phone Fax Website

\_\_\_\_\_  
Contact Person Phone E-mail address

\_\_\_\_\_  
Mailing Address if different from above:

\_\_\_\_\_  
City State Zip County

**Basis for Registration of Exemption** (Check only the box for which you are Registering for Exemption)

**Attach list of exempt employees**

- Registrant is a bank, bank holding company, savings institution, savings and loan association, trust company with banking powers, or credit union under the laws of this state, another state, the United States, a territory of the United States or the District of Columbia.

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Identify the primary federal or state authority regulating Registrant's mortgage lending operations.

1. Primary federal regulator and assigned identifying number (e.g. FDIC Number)

None OCC FRS FDIC NCUA OTS Other \_\_\_\_\_

ID No. \_\_\_\_\_

2. Primary state regulator: \_\_\_\_\_

State: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Agency Address: \_\_\_\_\_

State Agency Phone Number and website: \_\_\_\_\_

State License/ID no. assigned by State Agency: \_\_\_\_\_

- Registrant is a wholly owned subsidiary of a person identified in (a) above. If Registrant is a wholly owned subsidiary complete the information in (a) above and provide the following information on the wholly owned subsidiary.

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Identify the primary federal or state authority regulating Registrant's mortgage lending operations.

1. Primary federal regulator and assigned identifying number (e.g. FDIC Number)

None OCC FRS FDIC NCUA OTS Other\_\_\_\_\_

ID No. \_\_\_\_\_

2. Primary state regulator: \_\_\_\_\_

State: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Agency Address: \_\_\_\_\_

State Agency Phone Number and website: \_\_\_\_\_

State License/ID no. assigned by State Agency: \_\_\_\_\_

- Registrant is an exclusive agent of a person identified in (a) or (b) who has received a determination from a regulatory body of the United States government.

Attach copy of determination from the regulatory body of the United States government and complete section (a) and (b) above as applicable.

- Registrant is a nonprofit corporation under 26 U.S.C. 501(c) (3) or (4) that makes mortgage loans to promote home ownership or home improvement.

Attach evidence of 26 U.S.C. 501(c) (3) or (4) tax exempt status.

**Registrants filing for exemption under the following are not required to provide evidence of exemption unless additional documentation is requested by the Department.**

- Registrant is an agency of the federal government, a state government, a municipality or quasi-governmental agency making or brokering loans under the specific authority of the laws of a state or the United States.

- Registrant is a person who acts in the fiduciary for an employee pension benefit fund qualified under 26 U.S.C. (Internal Revenue Code) and who makes mortgage loans solely to participants of the plan from assets of the plan.

- Registrant is a person who acts in a fiduciary capacity conferred by the authority of a court.

- Registrant is a person who is licensed by the United States Small Business Administration as a small business investment company under 15 U.S.C. 661-697g.

Under penalty of perjury, I affirm that I have examined this Registration for 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 the Registrant. The Registrant and its employees will comply with the provisions of the AMLRA. I understand that non-compliance could result in a suspension or revocation of the Registrant's exempt status. I understand that any exemption, if found to exist, may not be transferred and that if the Registrant is sold or its organizational structure is changed a new Registration of Exemption must be filed. I further understand that although exempt, Registrant's failure to comply with provisions of AMLRA AS 06.60.320 – 06.60.380 **Business Duties and Restrictions** 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 \_\_\_\_\_, and that by authority duly given and that  
(name of firm)

as the act of the partnership/corporation the foregoing Applicant and agreement were signed in its name by  
its \_\_\_\_\_, sealed with his/its corporate seal, and attest by its  
(title)

\_\_\_\_\_  
(attesting officer)

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

\_\_\_\_\_  
Notary Public (SEAL)

My Commission expires: \_\_\_\_\_