



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Banking and Securities

Sean Parnell, Governor
Emil Notti, Commissioner
Lorie Hovanec, Director

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 Banking and Securities unless exempt by law. Entities claiming an exemption under AS 06.60.015 are required by law to file a registration form to obtain an exemption.

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. **NOTE:** Employees of exempt entities are exempt from the AMLRA's originator licensure requirements. A person 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 Banking and Securities
550 W. Seventh Ave., Suite 1940
Anchorage, AK 99501

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

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

Registrant Information

Name of Registrant

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

Federal Tax ID: _____

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 a list of employees for whom an exemption is sought.

- 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 or a savings and loan holding company. 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, if any, 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: _____

3. The Registrant hereby certifies under AS 06.60.015 (a)(2), the registrant is exempt from licensure pursuant to the following federal statute or regulation [provide citation]:

- 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. 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.

Dated this _____ day of _____, 20 ____.

Signature: _____

Name: _____

Title: _____

Firm: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary
Seal
Here

Notary Public in and for the state of _____.

My Commission expires: _____