

Kentucky Department of Financial Institutions  
1025 Capital Center Drive, Suite 200  
Frankfort, Kentucky 40601

**BRANCH AUTHORIZATION FORM**

*(To be completed by APPLICANT)*

\_\_\_\_\_ is applying for the registration of one or more branch offices pursuant to The Mortgage Loan Company and Loan Broker Act, Kentucky Revised Statutes Chapter 286.8 at the following location(s) (please attach list, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant, hereby states, by and through its authorized representative, \_\_\_\_\_, that the licensed principal office located at: \_\_\_\_\_ shall be fully responsible for the control, management, supervision, and actions of the branch referenced herein and its personnel. Control, management, and supervision shall include, at a minimum, implementing adequate procedures and controls to ensure that the branch is operating in a competent and lawful manner and conducting regular and ongoing reviews of employee performance and of work performed by the branch.

Applicant further states that the principal office referenced herein shall be fully responsible for communicating with the department on all licensing, examination, and enforcement matters involving the branch office referenced herein and shall further ensure that all branch personnel are adequately trained, supervised, and competent to perform their assigned duties.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Authorized Representative of Applicant  
Print Name:  
Title:

