

ATTESTATION OF COMPLIANCE WITH REMOTE WORKER CONDITIONS

COMPANY ATTESTATION

I, <<NAME>>, <<TITLE/POSITION>>, am employed by or am an officer or a control person of <<COMPANY>> (“Licensee”) <<ADD FIRM NMLS NUMBER HERE>>. I am authorized to verify the foregoing responses, attest to, execute, and submit this filing on Licensee’s behalf. Licensee agrees to and represents the following:

- (1) Licensee seeks to allow its Mortgage Loan Originator and Employees of Licensee to work remotely (hereinafter referred to as “Remote Workers”);
- (2) Licensee understands that, while Vermont does allow mortgage loan originators and employees of licensee to work remotely, a licensee must first meet certain conditions for remote workers;
- (3) Licensee has reviewed, understands, and agrees to the conditions for remote workers set forth by the Vermont Department of Financial Regulation;
- (4) Licensee acknowledges that all conditions for remote workers are ongoing and must remain in place or Licensee may be subject to an enforcement action which includes administrative penalties;
- (5) Licensee acknowledges that it is responsible for ensuring that its Remote Workers comply with the conditions and will require and maintain an attestation from each Remote Worker that each understands and will abide by all of the conditions for remote workers. Licensee acknowledges that a violation of the conditions by a Remote Worker may result in an enforcement action against Licensee which includes administrative penalties;
- (6) Licensee will provide documentation of compliance with the conditions for remote workers as required by the Vermont Department of Financial Regulation;
- (7) Licensee understands that the conditions for remote workers may change from time to time and that Licensee will be responsible for the compliance of Licensee and its Remote Workers with any changes and as such, agrees to update its policies and procedures accordingly; and
- (8) Licensee understands that if it has knowingly made a false statement of a material fact in this request or in any documentation provided to support the foregoing request, then Licensee’s license may be terminated or revoked.

On this <<SYSTEM DATE>>, I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of Licensee. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law, that I have reviewed the foregoing responses for accuracy, and that they are true and correct.

Signature

Date

Printed Name of Control Person