Office of Consumer Credit Commissioner

2601 N Lamar Blvd
Austin, Tx 78705
www.occc.state.tx.us

512-936-7600
Fax: 512-936-7610
Consumer Helpline: 800-538-1579

EMPLOYMENT VERIFICATION FORM

To be completed by the mortgage loan originator's employer

MLO's NMLS Unique ID Number:_____

MLO Applicant's Full Legal Name: _____

I, _____ hereby certify to the best of my
(Name of certifying officer)

knowledge, information, and belief, that: _____
(Name of applicant)

❑ Is a bona fide W-2 employee **OR** ❑ Is an exclusive agent
(Select only one)

Of:_____
(Legal name of company or organization)

_____
(Company or organization Address as on file with OCCC)

Company or Organization OCCC License #: _____

Furthermore, I certify that the employer:

- ❑ Holds a Texas Regulated Loan License
- ❑ Has a pending application for a Texas Regulated Loan License
- ❑ Holds a Texas Property Tax Loan License
- ❑ Has a pending application for a Texas Property Tax Loan License
- ❑ Is registered under Chapter 347 of the Texas Finance Code for manufactured home credit transactions
- ❑ Has filed for Chapter 347 registration, but has not received a registration receipt

The undersigned affirms that all answers on the Employment Verification Form are true and complete.

_____
Signature Date

_____
Print Name Title