

COMPANY INFORMATION			
Company Legal Name:			
Date of Application:		Date of Incorporation:	
Organized under which state laws:		Federal Tax ID #:	
Company DBAs:			
Company Address:			
Company Phone:	Company Fax:		Company Email:
Company Tax ID:	Date of Incorporation:	AIME Member: YES NO	
NMLS ID #:	Lender License:	DBO	DRE
VA ID #:	FHA ID #:		
Managing Account Executive:			
Company Manager/Primary:			
Company Manager Primary Email:			
STATES WHERE YOU CAN DO BUSINESS		ENTITY TYPE	
State	License #	Individual	
		Sole Proprietorship	
		Partnership	
		Corporation	
		LLC	
		Other:	

For additional state license please use this [separate form](#).

COMPANY CONTACT LIST						
First Name	Last Name	Phone	Email	Role	License	NMLS

For additional contact list please use this [separate form](#).

VA SPONSORSHIP			
Company Name:		Check Payable to Department of Veteran Affairs for \$100.00	
Company Address:			
Main Contact:		Please submit this form and your VA sponsorship Check to:	
Phone Number:	NMLS ID #:		
Email Address:	Fax Number:	SKY MORTGAGE WHOLESALE LENDING SOLUTIONS ATTN Michael Colligan 4 Hutton Centre Drive Suite 500, Santa Ana, CA 92707	
Tax ID #:	VA Lender ID #:		

LENDER REFERENCES		
LENDER #1	LENDER #2	LENDER #3
Name:	Name:	Name:
Contact Person:	Contact Person:	Contact Person:
Main Phone:	Main Phone:	Main Phone:
Direct Line:	Direct Line:	Direct Line:
E-Mail:	E-Mail:	E-Mail:
Good Standing:	Good Standing:	Good Standing:
Date Approved:	Date Approved:	Date Approved:

OFFICER QUESTIONNAIRE		
YES	NO	QUESTION
		Has the company or control person(s) ever been convicted of or charged with any Felony? If yes, please explain:
		Has a regulatory agency ever found the company or control person(s) to have made a false statement or omission or been dishonest, unfair, or unethical? If yes, please explain:
		Has a regulatory agency ever found the company or control person(s) to have been involved in a violation of a financial services-related regulation or statute? If yes, please explain:
		Has a regulatory agency ever denied, suspended, revoked, or restricted the entities authorization to do business? If yes, please explain:
		Has the company or control person(s) ever had a license denied, suspended, or revoked? If yes, please explain:

		<p>Has the company or control person(s) ever had a regulatory order, action or judgment entered against them? If yes, please explain:</p>
		<p>Has the company or has any related company ever been under investigation or subject to any enforcement action by the FBI, SEC, FDIC or any other Federal or State Agency? If yes, please explain:</p>
		<p>Have any of the officers or principals ever been, or worked at a company that was penalized or banned from conducting business by any government agency? If yes, please explain:</p>
		<p>Has the company or has any related company ever filed for protection under any bankruptcy laws? If yes, please explain:</p>

I hereby certify that all the information provided in this application is true and correct.

Officer's Signature: _____ Date: _____

Officer's Printed: _____

Name: _____ Title: _____