



## MORTGAGE LOAN ORIGINATOR APPLICATION

**CalVet MLO compensation structure is 1% of base loan amount, if you have any questions please contact CalVet's Loan Processing Group at 916-503-8352.**

<b>Broker / Banker of Record</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">First</td> <td style="width: 33%; border-bottom: 1px solid black;">MI</td> <td style="width: 33%; border-bottom: 1px solid black;">Last</td> </tr> </table>	First	MI	Last		
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<b>Company Name / Address</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> </table>	Name	Address	City	State	Zip
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<b>Licensing / Identification Information</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">DRE / RML / CFL Broker License Number (attach a copy)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NMLS Mortgage Broker License Number (attach a copy)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">VA Identification Number (if applicable)</td> </tr> </table>	DRE / RML / CFL Broker License Number (attach a copy)	NMLS Mortgage Broker License Number (attach a copy)	VA Identification Number (if applicable)		
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<b>Are You Currently Certified With CalVet?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    Provide CalVet Certification Number _____					
<b>Are You A Veteran?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes					

**Please list all agents and contact information for all MLO's in the office - use add'l page(s) if necessary.**

<b>Mortgage Loan Originator Name / Address</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">First</td> <td style="width: 33%; border-bottom: 1px solid black;">MI</td> <td style="width: 33%; border-bottom: 1px solid black;">Last</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> </table>	First	MI	Last	Address	City	State	Zip
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