Complete the information below to request an account in NMLS for an individual who has not been issued a United States Social Security Number.

|  |  |
| --- | --- |
| Do you currently have an account?:\*  (If yes, include the NMLS ID and complete form for yes or no answer. .) | No  Yes: |
|  |  |
| First Name:\* |  |
|  |  |
| Middle Name: |  |
|  |  |
| Last Name:\* |  |
|  |  |
| Suffix: |  |
| Residential Address:\* |  |
| Residential Address: (continued) |  |
| City, State:\* |  |
| Country:\* |  |
| Postal Code:\* |  |
| Company Name:\*  (The company licensed or seeking licensure through NMLS.) |  |
| Company NMLS ID:\* |  |
| States where you intend to apply for a license:\* |  |
| Line of Business:\* |  |
| Role in NMLS:\* | Control Person for a Company  Mortgage Loan Originator  Other:  \*For “Other” title is required |
|  |  |
| Date of Birth: (MM/DD/YYYY):\* |  |
|  |  |
| Confirm Date of Birth:\* |  |
|  |  |
| Phone Number:\* |  |
|  |  |
| If you reside in the United States or Canada, the format is ###-###-####, including dashes, with an optional extension separated by “x”. |  |
|  |  |
| Email Address:\* |  |
|  |  |
| Confirm Email Address:\* |  |
| Email must be new individual’s work email. |  |

\**Required Field*

**The authorizing signature must be the individual for which the account is being created.**

I, [INSERT NAME] , swear or affirm that I do not have a United States Social Security Number and the information contained on this form and with this request is true and accurate.

|  |  |
| --- | --- |
| Signature (type name):\* |  |
|  |  |
| Date:\* |  |

**Please List the individual NMLS should contact if there are any questions regarding the completion of the form.**

The Contact Person/Submitter must be the individual the account is being created for OR the Account Administrator of the company for which the individual works.

**Note:** NMLS will not accept submissions made by 3rd parties.

|  |  |
| --- | --- |
| **Contact Person/Submitter** |  |
|  |  |
| First Name:\* |  |
|  |  |
| Last Name:\* |  |
|  |  |
| Suffix: |  |
|  |  |
| Title: |  |
|  |  |
| Email:\* |  |
|  |  |
| Phone:\* |  |
| Number of attachments to this form: \* |  |

**Required Documentation:**

1. A certification from associated company, licensed or seeking licensure in NMLS, stating the individual named above has not been issued a United States Social Security Number. This certification must be on company letterhead and needs to explain why the individual needs an account in NMLS.
2. If the individual resides outside the United States, the company certification must also attest that the individual will work outside of the US and is not required to hold a work permit.
3. If the individual resides in the United States:

* US work permit or similar government issued documentation must be provided

1. Copy of Government Issued Photo Identification (not expired)
2. If you have an account with an incorrect SSN:

* Copy of documentation and explanation of where the SSN on the account came from.

\**Required Field*