**NMLS**

**Add / Delete Surety Entity Account Administrator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this request form is to submit a change of the administrators for a Surety Entity account in NMLS. Surety Entities are required to have exactly two account administrator. Any request not meeting this requirement will not be processed. Please complete all required fields, and submit the request to the NMLS Call Center to be processed.

|  |  |
| --- | --- |
| \***Indicates Mandatory Information** |  |
|  |  |
| **Company Information** |  |
|  |  |
| \*NAIC/NPN ID:  |       |
|  |  |
| \*Company Full Legal Name: |       |
|  |  |
| \*IRS Employer Identification Number: |       |
|  |  |
| Reason/Explanation for addition/deletion: |  |
|  |
| **Add Account Administrator** |  |
|  |  |
| \*First Name: |       |
|  |  |
| Middle Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| \*Title: |       |
| \*Phone: |       |
|  |  |
| \*Email: |       |
|  |  |
| **Delete Account Administrator** |  |
|  |  |
| \*First Name: |       |
|  |  |
| Middle Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| \*Title: |       |
| Phone: |       |
|  |  |
| Email: |       |

The authorizing signature must be the Primary Contact, the Secondary Contact or a current Account

Administrator list in NMLS.

Note: To help ensure prompt processing, please make sure that the signature is clearly legible.

The information above is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| \*Signature (sign or type name): |       |
| \*Print Name |       |
|  |  |
| \*Title: |       |
|  |  |
| \*Date: |       |

**Please list a Contact Person should NMLS have any questions regarding the completion of this form.**

|  |  |
| --- | --- |
| **Contact Person** |  |
|  |  |
| \*First Name: |       |
|  |  |
| \*Last Name: |       |
|  |  |
| Suffix: |       |
|  |  |
| Title: |       |
|  |  |
| \*Phone: |       |
|  |  |
| \*Email: |       |

**Upon completion, please return by either fax or email using the instructions provided in the requesting email.**