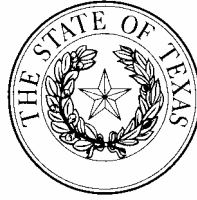


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**Office of  
Consumer  
Credit  
Commissioner**

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

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

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**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