



3660 Wilshire Blvd. Suite 1008, Los Angeles, CA 90010
 Toll-Free Number 800-309-0028 Fax 213-603-3030

CMAC Annual Recertification

Company Information

Legal Name of Entity: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Classification: _____ NMLS: _____

Phone: _____ Fax: _____ Tax ID: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Company Organize and Existing the laws of _____ since _____

Date Incorporated: _____ County: _____ State: _____

Tax ID: _____ AE: _____

Principles/Officers

Full Name	Title	NMLS	SSN	Ownership
1. _____	_____	_____	_____	_____ %
2. _____	_____	_____	_____	_____ %
3. _____	_____	_____	_____	_____ %

Company Licensing

BRE/DBO	License Number	State	Issue Date	Expire Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____





Company Reference

Three Lender References in which you have conducted business with in the last 6 months.

1. Lender Name: _____ Year Approved: _____
 Address: _____
 Phone: _____ Primary Contact: _____

2. Lender Name: _____ Year Approved: _____
 Address: _____
 Phone: _____ Primary Contact: _____

3. Lender Name: _____ Year Approved: _____
 Address: _____
 Phone: _____ Primary Contact: _____

Company Production

Year to Date	# Loan Submitted	# Loan Funded	Total \$ Amount
Conventional	_____	_____	_____
FHA	_____	_____	_____
Jumbo	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
Previous Year			
Conventional	_____	_____	_____
FHA	_____	_____	_____
Jumbo	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____





Disciplinary Action

1. Has the applicant or any of its officers been denied, suspended or terminated by any agency?

Yes No

2. Has the applicant or any of its officers had any complaint filed against them and been subjected to disciplinary action by any State or Federal agency?

Yes No

Certification and Authorization to Release Information

By Signing below the applicant certifies to CMAC Lending that the foregoing information and all accompanying documents are true and completed to the best of their knowledge. The applicant hereby authorizes CMAC Lending to obtain verification of any information or documentation provided in this application. Applicant hereby releases and holds harmless CMAC Lending and third-party vendors from and against all liability for claims, damages, losses, costs and expenses of any kind that may arise from the verification process. Applicant hereby authorizes CMAC Lending from time to time to request and secure additional information deemed necessary to verify applicant standing.

Print Name: _____ Date: _____

Signature: _____ Title: _____

Company Name: _____

Phone: _____ Fax: _____ Email: _____

Note: Please complete and email this form along with a copy of your License, Signed and Dated most Recent P & I Statement and Balance Sheet to brokers@cmaclending.com

