2601 N Lamar Blvd
Austin TX 78705
occc.texas.gov

Phone: 512-936-7605
Fax: 512-936-7610

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/Registration #: _____

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