

Please send this completed/signed/dated form and a \$100 check (made payable to the **Department of Veterans Affairs**) to:

Commerce Home Mortgage, LLC  
ATTN: Audrey S. Fausett  
Broker Administration  
16845 Von Karman Avenue, Suite 200  
Irvine, CA 92606  
(949) 629-3568  
audrey@commercemt看.com

NOTE: VA does not accept scanned, faxed or other similar copies

## VA AGENT SPONSORSHIP APPROVAL REQUEST FORM

Sponsoring Lender: Commerce Home Mortgage, LLC (9003230000)  
Contact Person: Audrey S. Fausett  
Email Address: [audrey@commercemtq.com](mailto:audrey@commercemtq.com)  
Telephone: (949) 629-3568

Agent's VA ID #: \_\_\_\_\_

Agent's NMLS#: \_\_\_\_\_

Agent's CompanyName: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Agent's Company Street Address: \_\_\_\_\_

Agent's Company City, St, Zip: \_\_\_\_\_

Agent's Relationship with CHM:            Broker            Principal / Agent

Contact Name: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Agent's Fax Number: \_\_\_\_\_

Agent's Federal Tax ID #: \_\_\_\_\_

State(s) In Which Agent Will Originate VA Mortgage Loans: \_\_\_\_\_

Number of Loans Closed In Past Year:            FHA            VA

Please attach a check for **\$100** payable to: **Department of Veterans Affairs**

**I certify that the employees of our company who will originate or process VA mortgage applications have read and are familiar with the VALender's Handbook.**

\_\_\_\_\_  
Signature of Agent's Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Typed/Printed Name of Agent's Authorized Representative

\_\_\_\_\_  
Date

Name of the CHM,  
Account Executive assigned to Your Company: \_\_\_\_\_