



NONSUPERVISED LENDER'S NOMINATION AND RECOMMENDATION OF CREDIT UNDERWRITER

IMPORTANT: This form is only to be used by non supervised lenders when requesting approval of nominations for credit underwriters.

Privacy Act Information: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., information may be disclosed to Congress when requested on behalf of a lender) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. No approval as credit underwriter may be made unless a completed application form has been received (38 U.S.C. 3702 and 3710). Your obligation to respond is required to obtain or retain benefit. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of your application. VA will not deny an applicant for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to confirm that lenders' underwriters are qualified to determine that all loans to be closed on an automatic basis meet VA's credit underwriting standards. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at: www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

QUALIFICATIONS: At least 3 years' experience in processing, pre-underwriting, or underwriting mortgage loans with **at least 1 year** of the most recent 3 years making underwriting decisions on VA loans or a current CRU designation from the Mortgage Bankers Association.

I. APPLICANT'S PERSONAL DATA

1. NAME OF UNDERWRITER-APPLICANT <i>(First-Middle-Last)</i>	2. SOCIAL SECURITY NUMBER	3. BUSINESS ADDRESS
4A. TELEPHONE NUMBER <i>(Include Area Code)</i>	4B. E-MAIL ADDRESS <i>(If applicable)</i>	

II. EMPLOYMENT HISTORY

5. BEGINNING WITH PRESENT EMPLOYMENT, LIST CHRONOLOGICALLY ALL EMPLOYMENT RELATED TO CREDIT UNDERWRITING.
(Employment history may be limited to period sufficient to satisfy minimum experience requirements. See "QUALIFICATIONS")
Add continuation sheet if necessary.

DATES OF EMPLOYMENT <i>(mm/dd/yyyy)</i>		POSITION TITLE AND PRINCIPAL DUTIES	NAME AND ADDRESS OF EMPLOYER	% OF TIME DEVOTED TO UNDERWRITING BY TYPE			CONTACT PERSON AT EMPLOYER <i>(Give name, title, and phone number)</i>
FROM	TO			VA	FHA	CON	

III. UNDERWRITER-APPLICANT'S STATEMENT AND CERTIFICATION

6. I AM CURRENTLY DESIGNATED AS A CERTIFIED RESIDENTIAL UNDERWRITER BY THE MBA.
 YES NO *(If "Yes", provide evidence of current CRU designation)*

I CERTIFY THAT the foregoing is true to the best of my knowledge. I agree that I will not use any publicity, advertising plaques, certificates, or other devices which imply a special relationship with the Department of Veterans Affairs.

7A. SIGNATURE OF UNDERWRITER-APPLICANT <i>(Sign in ink)</i>	7B. DATE <i>(mm/dd/yyyy)</i>
---	------------------------------

IV. LENDER'S STATEMENT AND CERTIFICATION

WE HEREBY NOMINATE the above named employee to act as our VA underwriter. The nominee has demonstrated a high level of integrity, trust, professional ethics and technical ability as an underwriter. Based on the qualifications established by VA, we find the nominee to be qualified. We certify the nominee is not supervised by an individual who is a branch manager or other person with production responsibilities. We, the undersigned, agree to promptly notify the VA regional office having jurisdiction to any change in the status of the nominee.

8A. SIGNATURE OF PRINCIPAL OFFICER OF LENDER <i>(Sign in ink)</i>	8B. TITLE	8C. DATE <i>(mm/dd/yyyy)</i>
---	-----------	------------------------------

FOR VA USE ONLY

APPROVAL <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED	REASON FOR DECLINATION	
UNDERWRITER NO.	SIGNATURE OF REVIEWER <i>(Sign in ink)</i>	DATE <i>(mm/dd/yyyy)</i>