



3RD PARTY PROCESSOR AFFILIATION REQUEST FORM

Broker Company Name:	
Company NMLS:	
Admin/ Branch Manager:	
Contact Phone:	
Contact Email:	

Processing Company Name:	
Company NMLS (If Applicable):	
Processor NMLS:	
Processor Name:	
Processor Email:	
Processor Phone:	

I certify that I, _____ have the authority to request _____, 3rd Party Processor, to access loans on my company's behalf within the STAR Portal.

Signature

Date