# NMLS Add / Delete Company Account Administrator

- If you are adding only an Account Administrator, complete the Add Account Administrator section.
- If you are deleting an Account Administrator, complete the Delete Account Administrator section.
- If you are replacing an Account Administrator, complete the Add Account Administrator section and the Delete Account Administrator section.
- **Administrators must be employees of the company. Third party users should be created as an Organizational User by an existing administrator.**

*Indicates Mandatory Information

## Company Information

*NMLS Company ID:

*Company Full Legal Name:

*IRS Employer Identification Number:

**Reason/Explanation for addition/deletion:

## Add Account Administrator

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Phone:

*Email:

☐ *Check this box to attest that the new account administrator is an employee of the company.

## Delete Account Administrator

*First Name: 

Middle Name: 

*Last Name: 

Suffix: 

*Phone: 

*Email: 

The authorizing signature has to be either the Primary Company Contact Person or an Executive Officer/Direct Owner listed on the MU1 form. The Primary Company Contact Person is the individual authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.  An Executive Officer/Direct Owner includes, but is not limited to, Executive Officers with the power, directly or indirectly, to direct the management or policies of a company, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director and individuals Occupying similar Positions or performing similar functions.

Note:  To help ensure prompt processing, please make sure that the signatures are clearly legible.

The information above is true and accurate to the best of my knowledge.

*Signature (sign or type name): 

*Print Name 

*Title: 

*Date: 

**Please list the Primary Company Contact Person should NMLS have any questions regarding the completion of this form.**

## Primary Company Contact Person

*First Name: 

*Last Name: 

Suffix: 

Title: 

*Email: 

*Phone: 

**Upon completion, please return via fax (202-888-3284) or email (case@nationwidelicensingsystem.org)**