



Certified Licensing Official Requirement Verifications

Please print clearly and/or complete electronically.

Instructions:

1. Fill out the form in its entirety.
2. **Have your supervisor confirm the information and statement via their signature.**
3. Email, fax or mail this completed form to:

NBRRO LLC
PO Box 811
Brea, CA 92822-811

Fax: 866/936-0963
Email: confmgr@nbrro.org

Applicant
Name & Title:

Jurisdiction:

Mailing Address:

(Street / City / State / Zip)

Applicant
Work Phone #:

Name of State
Licensing Organization

I certify that the above Applicant is: 1) currently employed as a Licensing Official by the above jurisdiction 2) has been employed in the same capacity for at least 2 years 3) the candidate is at least 21 years of age and 4) is currently an active member in our state licensing organization (when an active organization exists in your state).

Applicant's
Supervisor:

Printed Supervisor Name, Title & Date

Supervisor
Signature:

X

Supervisor
Work Phone #:
