

VA AUTHORIZED AGENT SPONSORSHIP FORM

Approved Brokers requesting approval to be a VA authorized agent for Statewide Funding Inc., or requesting renewal, please complete this form and submit it to us, along with a check for **\$100.00** made payable to the **Department of Veterans Affairs**.

Broker ID: (if currently approved)	
Company Name:	
DBA: (if applicable)	
Main Office Address:	
City, State, Zip:	
Broker Tax ID #:	
Broker of Record/Contact Name:	
Broker/Contact Email Address:	
Broker/Contact Telephone #:	
Fax Number:	
VA ID Number: If previously issued by VA	

Please make a check payable to the **Department of Veterans Affairs**.

Email completed form and copy of check to: brokersupport@swbcorp.com.

Mail originals to:

Statewide Funding Inc.
Attention: Broker Support
3190 Shelby Street Ste A2
Ontario, CA 91764