COMMERCIAL-FOR-HIRE REGISTRATION FORM

This Firm Registration is to be completed in full and submitted prior to licensing at the Supervisory Level. If applicable, a designated company number (NHPC #) will be issued to the firm upon completion of all licensing requirements. An official Certificate of Insurance showing specific amounts of coverage for the firm must accompany this application.

FIRM NAME _________________________________________________________________________________

MAILING ADDRESS ____________________________________________________________________________

STREET ADDRESS ________________________________________________________________

Are there any subsidiary firm names? _____ No _____ Yes (If yes, list names and addresses below.)

FIRM NAME _________________________________________________________________________________

MAILING ADDRESS ____________________________________________________________________________

STREET ADDRESS ________________________________________________________________

List the name and address of the PRINCIPLE SUPERVISORY LICENSE HOLDER first, followed by the names and address of any additional Supervisory Level License holders for the firm above.

1) NAME __________________________________________________________________________________
   ADDRESS _____________________________________________________________________________

2) NAME __________________________________________________________________________________
   ADDRESS _____________________________________________________________________________

3) NAME __________________________________________________________________________________
   ADDRESS _____________________________________________________________________________

NOTE: Falsification of any information on this application may be grounds for denial of registration.

SIGNATURE OF PRINCIPLE SUPERVISORY LICENSE HOLDER: ________________________________

DATE: ____________________________  NHPC# (DESIGNATED BY DIVISION ______  ____)

09/2012