



Affiliation with Another Accredited Agency or CTD (Continuation Page)

Full legal name of Applicant: _____

City _____ State: _____ Zip Code: _____

Agent Code Number (ACN) or the "pending number" assigned to the application, if applicable: _____

1. Social Security Number: _____

2. If applicable check the appropriate box to describe individual's or entity's ownership interest with agency:

Owner Officer Director Partner Member Shareholder, % shares _____, Other

3. If "Other" selected in question 3, please describe : _____

4. Legal name of other ARC accredited entity: _____

5. City: _____ State: _____ Zip: _____

6. ACN of other ARC accredited entity: _____

7. Dates of affiliation: From: _____ To: _____