Phoenix Regional Loan Center

1-888-869-0194 x3048

602-627-3221

LPGC.VBAPHO@va.gov

Training Requested: Lender Training

Schedule Date: _____ Location: Phoenix, AZ

Last Name: _____ First Name: _____

Lender ID: _____

Company Name: _____

Address: _____

City: _____ State: AZ Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

Confirm Email: _____

Number of Years VA Experience:

- ◯ 0 - 3
- ◯ 4 - 10
- ◯ 11 or greater

SAR/UW ID Number: _____ (Optional)

Comments:

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