



LENDER'S APPLICATION PROCESS (LAP)

OMB 1845-0032
 Expiration Date: XX/XX/XXXX
 Previous Version Obsolete

Contact Information

Enter your contact information below.

First Name:				Check One:	1. Lender		
Middle Initial:					2. Lender/Trustee		
Last Name:					3. Servicer		
E-Mail:				Institution	Choose One of the Following:		
Phone:		EXT:			1. National Bank		6. State Credit Union
Fax: () E					2. State Bank (FDIC)		7. Mutual Savings Bank
Institution Name:					3. Federal Savings and Loan		8. Insurance Company
Identification Number (LID):					4. State Savings and Loan		9. Institution of Higher Edu.
Federal Tax ID:					5. Federal Credit Union		10. Secondary Market
Address:				Interest Calculation Method:	Choose One of the Following:		
					Actual (365/366 Days)		
City:		State:	Zip Code:		365.25 Days		



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Payment Information

Enter the address where your payment should go

Bank Name: _____ Address: _____

Bank Routing/ ABA Number: _____

Bank Account Number: _____

City: _____ State: _____ Zip Code: _____

COMPLETE THIS PAGE ONLY IF YOU ARE ACTING AS A TRUSTEE FOR AN INELIGIBLE ENTITY!

Entity Name: _____ Phone: () _____ Extension: _____

Address: _____ Fax: () _____

Email: _____

City: _____ State: _____ Zip Code: _____



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Guaranty Agency Information

List all Guaranty Agencies your institution has agreements with.	
GUARANTY AGENCY NAME	GUARANTY AGENCY IDENTIFICATION NUMBER

Servicer Information

List all Servicer(s) your institution works with.		
SERVICER NAME	SERVICER IDENTIFICATION NUMBER (ID)	FUNCTION (Submit/View or Maintain)

PRA Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0032. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit (20 USC 1082). **If you have any comments or concerns regarding the status of your individual submission of this form, write directly:** Financial Management Division, 830 First Street, NE, Washington, DC 20202-5455



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Additional LID(s) Information

Do you participate in the FFEL program under more than one LID(s)? If so, please enter the additional LID(s).

LENDER IDENTIFICATION NUMBER (LID)	LENDER NAME

Disclaimer: As an eligible Lender, Servicer, or Eligible Lender Trustee in the Federal Family Education Loan Program (FFELP) that submits the Lender's Application Process (LAP), I certify, by my signature below that:

The data that my organization or its agent, or its third-party servicer, will submit to the U.S. Department of Education is correct to the best of my knowledge and belief. I certify that it conforms to the laws, regulations, and policies applicable to the Federal Family Education loan Program. I understand that all documents, files, accounts and records supporting this data are subject to audit or review by the Secretary of Education or other authorized representatives of the United States Government, and I agree to make all such documents, files, accounts and records available to the Secretary or such authorized representatives without restriction.

Signature: _____

Date: _____

Name and Title: _____

LAP Instructions

A complete Lender's Application Process (LAP) form is necessary for participation in the Federal Family Education Loan Programs. These programs include Federal Stafford, Federal Plus, Federal Supplemental Loans for Students (SLS), Federal Consolidation, Federal Insured Student Loans (FISL), and Unsubsidized Stafford Loans. Please complete this form and return it to the following address within 30 days.

U.S. Department of Education
Federal Student Aid,
Financial Partners Services
Union Center Plaza, 11th Floor
ATTN: FPS LID Process Team
Washington, DC 20002-5138

Contact Information

#	Field Name	Description
1	First Name	Provide the first name of the contact person for your institution. This person should be authorized to address inquiries concerning information provided on the LAP and regarding general student loan portfolio.
2	Middle Initial	Provide the middle initial of the contact person for your institution.
3	Last Name	Provide the last name of the contact person for your institution.
4	Email	Provide the email address of the contact person for your institution.
5	Phone	Provide the phone number (with area code) of the contact person for your institution. Include the phone extension, if applicable.
6	Fax	Provide the fax number (with area code) of the contact person for your institution.

- 7 Institution Name Provide the full, legal name of your institution.
- 8 Identification Number (LID) Provide your 6-digit Identification Number (LID) if you currently have one. NOTE: if you are applying for participation into the FFELP program, you will not have a LID. In this case, leave the field blank.
- 9 Federal Tax ID Provide your current 9-digit Employer's Identification Number assigned by the Internal Revenue Service (IRS). If you do not have a Federal Tax ID number, please contact the IRS.
- 10 Address Provide the street address for your institution.
- 11 City Provide the city in which your institution is located.
- 12 State Provide the state in which your institution is located.
- 13 Zip Code Provide the 5-digit postal zip code in which your institution is located. The 4-digit extension is optional.
- 14 Check One: 1. Lender
2. Lender/Trustee
3. Servicer Check the option that best describes your institution's role. Choose the Lender/Trustee option if your institution holds loans in its name on behalf of others for purposes of the Federal Family Education Loan Program.
- 15 Institution Type Place a check mark next to the choice that best describes your institution type. Make only one selection.
- 16 Interest Calculation Method Place a check mark next to the interest calculation method that your institution uses. Make only one selection. If you do not know which method to select, please contact your Servicer (if applicable). If you do not have a Servicer, please contact Financial Partners at (202) 377-3302.

LAP Instructions

Payment Information

#	Field Name	Description
1	Bank Name	Provide the name of the financial institution where your payment should be submitted.
2	Bank Routing/ABA Number	Provide the routing number of the financial institution receiving the deposit.
3	Bank Account Number	Provide the account number for deposit. This number can contain up to 17 alpha/numeric characters.
4	Address	Provide the street address of the financial institution where your payment should be submitted.
5	City	Provide the city in which the financial institution is located.
6	State	Provide the state in which the financial institution is located.
7	Zip Code	Provide the five (5) digit postal zip code in which the financial institution is located. The four (4) digit extension is optional.

LAP Instructions

Entity Information

COMPLETE THIS PAGE ONLY IF YOU ARE ACTING AS A TRUSTEE FOR AN INELIGIBLE ENTITY

#	Field Name	Description
1	Entity Name	Provide the name of the entity for which you are acting as a trustee. (I.e. Bank One, NA ELT for XYZ Company)
2	Address	Provide the street address of the entity for which you are acting as a trustee.
3	City	Provide the city in which the entity is located.
4	State	Provide the state in which the entity is located.
5	Zip Code	Provide the five (5) digit postal zip code in which the entity is located. The four (4) digit extension is optional.
6	Phone	Provide the five (5) digit postal zip code in which the entity is located. The four (4) digit extension is optional.
7	Fax	Provide the fax number (with area code) of the entity for which you are acting as a trustee.
8	Email	Provide the email address of the entity for which you are acting as a trustee.

LAP Instructions

Guaranty Agency

#	Field Name	Description
1	Guaranty Agency	Select all Guaranty Agency(ies) with which you have a guarantee agreement.

Servicer Information

#	Field Name	Description
1	Servicer Name	If you have a servicing contract with a servicing organization to maintain all or part of your portfolio, then provide the name of this organization. A Servicer is a company other than your financial institution with whom you contract to service your student loan portfolio.
2	Servicer Identification Number	Provide the identification number of the Servicer. If you do not know the Servicer identification number please contact Financial Partners at (202) 377-3302.
3	Function	List the function the Servicer will perform: "Submit/View" or "Maintain". Use "Submit/View" if the Servicer fills out AND submits quarterly billings for your institution. Use "Maintain" if the Servicer fills out but DOES NOT submit quarterly billings for your institution.

LAP Instructions

Additional LID(s) Information

#	Field Name	Description
1	Lender Identification Number (LID)	If you administer any portion of your portfolio under a Lender Identification number different from the one specified on this form, provide the LID for each.
2	Lender Name	Provide the name of the Lender associated with each additional Lender Identification number specified.

Disclaimer

#	Field Name	Description
1	Signature	Read the certification statement and sign the form in ink. Forms signed with signature stamps and unsigned forms will be rejected and returned to you.
2	Date	Enter the date the LAP form is signed.
3	Name and Title	Type or Print the name and title of the official signing the form.