

## FORM ABS DUE DILIGENCE-15E

OMB APPROVAL
OMB Number: 3235-0694
Expires: May 31, 2018
Estimated average burden hours per response: 120

# CERTIFICATION OF PROVIDER OF THIRD-PARTY DUE DILIGENCE SERVICES FOR ASSET-BACKED SECURITIES

SEC 2917 (6-15) **Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

**FORM ABS DUE DILIGENCE-15E**  
**CERTIFICATION OF PROVIDER OF THIRD-PARTY DUE DILIGENCE SERVICES**  
**FOR ASSET-BACKED SECURITIES**

Pursuant to 17 CFR 240.17g-10, this Form must be used by a person providing third-party due diligence services in connection with an asset-backed security to comply with section 15E(s)(4)(B) of the Securities Exchange Act of 1934 (15 U.S.C. 78o-7(s)(4)(B)). Section 15E(s)(4)(B) of the Securities Exchange Act of 1934 requires a person providing the due diligence services to provide a written certification to any nationally recognized statistical rating organization that produces a credit rating to which such due diligence services relate.

**Item 1. Identity of the person providing third-party due diligence services**

Legal Name: \_\_\_\_\_

Business Name (if Different): \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

**Item 2. Identity of the person who paid the person to provide third-party due diligence services**

Legal Name: \_\_\_\_\_

Business Name (if Different): \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

**Item 3. Credit rating criteria**

If the due diligence performed by the third party is intended to satisfy the criteria for due diligence published by a nationally recognized statistical rating organization, identify the nationally recognized statistical rating organization and the title and date of the published criteria (more than one nationally recognized statistical rating organization may be identified).



Name of Person Identified in Item 1: \_\_\_\_\_

By: \_\_\_\_\_  
(Print name of duly authorized person) (Signature)

Date: \_\_\_\_\_