



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

*P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>*

WASHINGTON ESCROW OFFICER LICENSE APPLICATION
PLEASE READ INSTRUCTIONS BEFORE BEGINNING!

The instructions and information contained herein are an integral part of the application. Please read them carefully, and follow the directions explicitly. Failure to follow the instructions completely may result in a rejection of your application as incomplete or delays in processing and issuance of a license.

WHEN TO USE THIS APPLICATION FORM

Use this form if:

- You are applying for your first escrow officer license.
- You are currently inactive, and wish to reactivate your license.
- You are transferring from one escrow agent to another
- You are transferring from a main office location to a branch location (and vice versa).
- You are changing positions within the same company (from EO to DEO or Branch DEO, etc.)
- Your name has changed

First License Applicants

To obtain your first license, you must be associated with an actively licensed escrow agent. You must also have taken and passed the Escrow Officer Examination within the past year. A copy of your passing score certificate must be submitted with your application. Call licensing staff at (360) 902-8703 to schedule an exam time.

If you need to request these forms in an alternate format (such as Braille, larger print, etc.), please contact our offices. If you have questions or require assistance in completing the application, you may request a pre-filing appointment with one of our licensing staff. Mail your completed application package to:

Via US Postal Service

Dept. of Financial Institutions
Division of Consumer Services
P.O. Box 41200
Olympia, WA 98504-1200

Via other couriers (eg: FedEx, UPS, etc)

Dept. of Financial Institutions
Division of Consumer Services
150 Israel Rd. S.W.
Tumwater, WA 98501

WASHINGTON STATUTES, RULES, OPINIONS, AND POLICY

Escrow Officers are expected to be well versed in all sections of the Escrow Agent Registration Act, and the rules and opinions thereof. Copies of the Escrow Agent Registration Act (RCW 18.44) and rules (WAC 208-680) may be obtained by contacting the Office of the Code Reviser at (360) 786-7573, or review on the Internet from <http://www.access.wa.gov>.

Opinions considered to be of import to the majority of Escrow Officers, or those policies expected to be of general knowledge by the industry, may be viewed at our website. For a fee, you may request an opinion or clarification of a specific issue by writing the Division.

REQUIRED ATTACHMENTS FOR FIRST LICENSE APPLICANTS

1. Personal credit report, including a public records search, pulled within six months. {WAC 208-680B-010}
2. A pair of fingerprint cards (“FBI Applicant” format, available at most municipal law enforcement agencies) taken within six months. {WAC 206-680B-020} Contact DFI to request blank fingerprint cards if your local law enforcement office does not have this format in stock
3. A copy (not the original) of your passing score certificate from the escrow officer examination, passed within one year.
4. Application fee of \$179.26, made payable to the “Washington State Treasurer”.
5. Verification of coverage by Escrow Agent’s insurance (E&O, Fidelity bond).
6. Completed Escrow Officer Application Form.

REQUIRED ATTACHMENTS FOR AMENDMENT APPLICATIONS

1. Personal credit report, including a public records search, pulled within six months. {WAC 208-680B-010}
2. If this amendment is for an escrow officer name change, you must submit a copy (not original) of a legal document (e.g. marriage certificate) to support the name change.
3. Surrender your previous original license, unless you are currently “inactive”.
4. Fee of \$28.01 made payable to the “Washington State Treasurer”. Note: The fee is dependent upon the number of licenses which must be reprinted. If a DEO has a name change, submit \$28.01 for each license showing the old name (escrow agent, DEO, other escrow officers at the same location)
5. Verification of coverage by Escrow Agent’s insurance (E&O, Fidelity bond).
6. A pair of fingerprint cards (“FBI Applicant” format, available at most municipal law enforcement agencies) taken within six months. {WAC 206-680B-020} Contact DFI to request blank fingerprint cards if your local law enforcement office does not have this format in stock. If you have submitted fingerprint cards to our office within the past two years for an escrow application, you do not need to resubmit fingerprint cards.
7. Completed Escrow Officer Application Form.

CHANGE OF DESIGNATED ESCROW OFFICER ADDITIONAL REQUIRED DOCUMENTS

1. If you are replacing an outgoing Designated Escrow Officer at a currently licensed Escrow Agent, both you and the outgoing DEO must complete the attached Change of Designated Escrow Officer and Trust Funds Responsibility Form.
2. A fee of \$28.01 made payable to the “Washington State Treasurer” is required for every license that is being amended (reprinted). For example, a change of DEO for a main office location which has two other escrow officers would require a fee of \$112.04 (reprint of 4 licenses: DEO, Escrow Agent, Escrow Officer, and Escrow Officer).
3. Surrender all original licenses showing the name of the previous DEO.
4. Also submit items 1 through 7 listed under “Required Attachments for Amendment Applications.”

STILL NEED HELP? Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.

ESCROW OFFICER APPLICATION FORM

Date of Filing (MM/DD/YYYY): _____

Desired Effective Date (MM/DD/YYYY): _____

DFI Escrow Officer License Number (**amendments only**) 540-EO- _____

FIRST LICENSE APPLICATION (or currently licensed as):

DESIGNATED ESCROW OFFICER (DEO)

ESCROW OFFICER (EO)

LICENSE AMENDMENT *To amend, circle or identify item(s) being amended.*

YOU INTEND TO WORK FOR A:

MAIN OFFICE LOCATION

BRANCH OFFICE LOCATION

AMENDMENTS ONLY (*check all that apply*)

OFFICER NAME CHANGE

TRANSFER TO DIFFERENT ESCROW AGENT

REACTIVATE LICENSE

CHANGE OF DEO

POSITION CHANGE:

CHANGE FROM DEO TO EO

CHANGE FROM EO TO DEO

1. Individual's Identifying Information:

(A) Full last, first and middle names:

Last Name First Name Middle Name Suffix (if any)

(B) Social Security Number: _____ (C) Gender Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth _____ (F) Country of Birth _____

(G) List all name(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example nicknames, aliases, and names used before or after marriage. (Use additional sheets if necessary).

Name: _____ Name: _____ Name: _____ Name: _____

(H) **For Amendments Only.** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation.

Last Name First Name Middle Name Suffix (if any)

(I) Employer Name (Escrow Agent): _____ Position: _____

Escrow Agent's License Number: _____

(J) Office of Employment: (Do not use a P.O. Box) If this address is your private residence, check here

Number and Street City State/Country Zip+4/Postal Code

(K) Current Residence Address (if different from employment address):

PO Box or Number and Street City State/Country Zip+4/Postal Code

(L) Telephone Numbers and email address:

(_____) _____ - _____ ext _____ (_____) _____ - _____ (_____) _____ - _____
Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

(M) Drivers License Number: _____ State issued: _____

(N) Are you a bona fide resident of the state of Washington? YES NO

(O) Do you agree to personally manage the office indicated in this application? (For DEO or Branch DEO only) YES NO N/A

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. My signature below authorizes the Department of Financial Institutions of the State of Washington to obtain a personal credit report through an impartial credit reporting agency. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

Signature of Individual Date Printed Name of Individual Title

APPLICANT IS HEREBY APPOINTED AS AN ESCROW OFFICER TO REPRESENT, ACT FOR AND IN BEHALF OF, THE ESCROW AGENT NAMED HEREIN. [Per WAC 208-680C-045(2)(a)]

Signature of Authorized Company Official Date Printed Name and Title of Authorized Company Official

Individual full legal name: _____

Escrow Agent full legal name: _____

3. Residential History Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.):						
From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (Company Name)	City	State or Province	Zip or Postal Code	YES or NO?

<p>5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in a DISCIPLINARY HISTORY ADDENDUM.		
	YES	NO
(A) With the exception of motor vehicles, have you ever been convicted of a crime, felony, or misdemeanor in this state, any other state, the federal government, or any other jurisdiction within the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
(B) Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in this state, any other state, by the federal government, or by any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(C) Has any professional or occupational license or permit issued to you, or your right to engage in any business, ever been refused, suspended, revoked or denied in this state or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Have you ever had a civil order, verdict, or judgment entered against you in any court of competent jurisdiction in which the subject matter involved any real estate or business related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Have you ever been discharged or requested to resign by any employer, or otherwise sever your business relationship with any person, because of dishonest or unethical actions alleged to have been committed by you?	<input type="checkbox"/>	<input type="checkbox"/>
(F) Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>

**CHANGE OF DESIGNATED ESCROW OFFICER AND TRUST FUNDS
RESPONSIBILITY FORM continued**

Date of Filing (MM/DD/YYYY): _____

Desired Effective Date (MM/DD/YYYY): _____

CHANGE OF DEO FOR:

MAIN OFFICE LOCATION

BRANCH OFFICE LOCATION

AMENDMENTS ONLY:

(A) Escrow Agent Company Name: _____

Trade Name: _____

Escrow Agent License Number: **540-EA-**_____

(B) Main address: (Do not use a P.O. Box)

Number & Street

City

State / Province & Country

Zip+4 / Postal Code

(C) Mailing address, if different from Main address:

PO Box or Number & Street

City

State / Province & Country

Zip+4 / Postal Code

OUTGOING DESIGNATED ESCROW OFFICER:

As of _____, I, _____, License No. _____,
Date Printed Name of Outgoing DEO Outgoing DEO

for purposes of WAC 208-680D-010, hereby list all outstanding liabilities of the trust account(s) maintained by the escrow agent as \$_____, and hereby certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

Signature of Outgoing DEO

Date

City, State

Optional: The reason for the departure of your outgoing DEO is:

Termination

Resignation or Retirement

Death

Other _____ (Attach explanation if desired)

INCOMING DESIGNATED ESCROW OFFICER:

As of _____, I, _____, License No. _____,
Date Printed Name of Incoming DEO Incoming DEO

for purposes of WAC 208-680D-010, hereby acknowledge that the responsibility for preexisting escrows has been transferred to me, list all outstanding liabilities of the trust account(s) maintained by the escrow agent as \$_____, and hereby certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

Signature of Incoming DEO

Date

City, State