

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. The test is offered through PearsonVUE; visit DFI's website at <http://dfi.wa.gov/cs/escrow/escrowtesting.htm> for additional information and links to the PearsonVUE website. A copy of your passing score certificate must be submitted with your application.

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) 786-6777, or review on the Internet from <http://www.leg.wa.gov/CodeReviser/Pages/default.aspx>

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 30 days of the date of receipt of your application at DFI. {WAC 208-680-110}
2. A fingerprint card and completed "Applicant's Privacy Rights" form. Use the FBI 'Applicant' card, available at most municipal law enforcement agencies) taken within six months. {WAC 206-680-135}
[Important Information on Fingerprint Background Checks.](#)
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 and fingerprint card processing fee of \$34.75, 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 30 days of the date of receipt of your application at DFI. {WAC 208-680-110}
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. 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 and DEO).
4. Verification of coverage by Escrow Agent’s insurance (E&O, Fidelity bond).
5. 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 both the DEO license and the company license, for a total of \$56.02.
3. Also submit items 1, 4, and 5 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:

() _____

() _____

() _____

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.

Signature of Authorized Company Official

Date

Printed Name and Title of Authorized Company Official

CHANGE OF DESIGNATED ESCROW OFFICER AND TRUST FUNDS RESPONSIBILITY FORM

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

INCOMING DEO: <input type="checkbox"/> FIRST LICENSE APPLICATION <input type="checkbox"/> AMENDMENT APPLICATION
CHANGE OF DEO FOR: <input type="checkbox"/> MAIN OFFICE LOCATION <input type="checkbox"/> 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

1. Outgoing Designated Escrow Officer's Identifying Information:

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

(A) Full last, first and middle names:

 Last Name First Name Middle Name Suffix (if any)

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

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

(C) Telephone Numbers and email address:

 Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

2. Incoming Designated Escrow Officer's Identifying Information:

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

(A) Full last, first and middle names:

 Last Name First Name Middle Name Suffix (if any)

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

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

(C) Telephone Numbers and email address:

 Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

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

Do you agree to personally manage the office indicated in this application? YES NO

Individual's Acknowledgment & Consent:

I swear or affirm that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

 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.

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

**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 208-680-410, 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 208-680-410, 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



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>

APPLICANT'S PRIVACY RIGHTS

This form must be completed by each control person submitting a fingerprint card.

***** Attach this completed form with your fingerprint card *****

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Acknowledgment of receipt of privacy rights:	
<i>I hereby certify that I have received notification of these privacy rights.</i>	
DATED this ____ day of _____, 20____, in _____, _____.	
Day	Month
City	State
_____ Signature of control person submitting a fingerprint card	_____ Print control person's name

***** Attach this completed form with your fingerprint card *****