



**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 ADVISORY**

***PLEASE BE AWARE***

**A POOR CREDIT RECORD MAY LEAD TO DENIAL OF YOUR LICENSE APPLICATION**

All applicants for an Escrow Agent or Escrow Officer license should be aware that their credit record is an important factor in our determination of whether the license application will be approved. We review each applicant's credit record in detail, and indications of past or current credit problems are carefully scrutinized. If you have a poor credit record—late payments, collections, judgments, a high debt to income ratio, or other problems—you should know that your application may be denied.

Escrow agents and officers are entrusted with handling consumer funds and for properly making all payments required in connection with the escrow transactions they conduct. They are expected to be skilled at managing complex transactions involving large sums of money. They act as fiduciaries to the parties in a real estate transaction, charged with protecting the money and interests of their clients. For these reasons, an applicant's credit record is an important indicator of whether they are qualified to receive a license. To assist in making this determination, the Escrow Agent Registration Act, Chapter 18.44 RCW requires that credit reports be received for all officers, directors, owners, partners and controlling persons of an escrow agent applicant, and for all escrow officer and designated escrow officer applicants.

Before expending considerable time, effort and expense to complete and submit an application for escrow agent or officer licensing, you should obtain and carefully review the credit records for all parties to the application. If there are errors on the reports, they should be corrected through the credit-reporting agency prior to submission to DFI. In some instances, the best course of action may be to make an effort over a period of time to improve the credit record, before applying for a license.

Consumer Services Division staff cannot "pre-screen" credit reports before the filing of an application. However, credit counselors and the credit reporting agencies can assist you in understanding your credit information, and in some instances can provide guidance and assistance in improving your credit record. In addition, please visit our website at <http://dfi.wa.gov/cs> for the text of the Escrow Agent Registration Act, rules and interpretations, and other related information.



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**WASHINGTON ESCROW AGENT LICENSE APPLICATION**  
**PLEASE CAREFULLY READ THE INFORMATION BELOW BEFORE COMPLETING THIS APPLICATION**

**Forming a New Escrow Company**

If you are planning to form a new corporation, limited liability company (“LLC”) or other legal entity to conduct your escrow agent business, you must file organizing documents with the Corporations Division at the Secretary of State’s Office for review and approval before legal existence can begin. If you intend to operate under a trade name (“dba”) you must register that name with the Department of Revenue, Business Licensing Service. Business Licensing Service can also assist you in obtaining your Washington State Business License. Contact information for these agencies is provided below. Your business must be properly organized and licensed before we can process your escrow agent application.

**Reference Telephone Numbers**

Secretary of State, Corporations Division	(360) 753-7115	<a href="http://www.secstate.wa.gov/corps">www.secstate.wa.gov/corps</a>
Department of Revenue, Business Licensing Service	(800) 451-7985	<a href="http://www.bls.dor.wa.gov">www.bls.dor.wa.gov</a>
Office of the Insurance Commissioner	(360) 725-7080	<a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>
Office of the Attorney General	(360) 753-6200	<a href="http://www.atg.wa.gov">www.atg.wa.gov</a>
Escrow Association of Washington	(253) 864-3537	<a href="http://www.e-a-w.org">www.e-a-w.org</a>

**Escrow Officer Applications and Other Important Information**

All escrow agents must have a *Designated Escrow Officer (DEO)*, a *licensed escrow officer* with overall responsibility for supervising the escrow agent’s activities. Pursuant to RCW 18.44.071, the DEO must be a partner in the partnership (if a partnership) or an officer of the corporation (if a corporation), and must act on behalf of the partnership or corporation. ***All Escrow Officer license applicants*** must pass an examination and thoroughly understand the requirements of the Escrow Agent Registration Act, and related rules and opinions. ***Approval of the escrow agent application will be contingent upon approval of the required officer application(s)***, which should be sent as a part of the escrow agent application package.

**Washington Statutes, Rules, Opinions, and Policy are available on DFI's website.**

**Branch Applications**

To add a branch to a currently licensed escrow agent, you should use this application form. Be sure to provide completed Escrow Officer Applications(s) for the branch location, application fee (\$386.55 per location), and the Certificate of Compliance and Authorization to Examine Trust Accounts form. When applying for a branch application only, you do not need to complete section 3 or section 4.

## ESCROW AGENT COMPANY APPLICATION CHECKLIST

**STATE REFERENCE ADDENDUM** – See Section 3 of the Company Application Form.

For each state where the applicant is or has ever been licensed to engage in any escrow or financial services related industry, you must attach a list which includes the following information: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

**OWNERSHIP AND PERSONNEL** – See the OWNERSHIP AND PERSONNEL FORM of the Company Application. If an owner of the escrow agent has a controlling interest in another business, submit an OWNERSHIP ADDENDUM.

**INDIVIDUAL BACKGROUND FORMS AND PERSONAL CREDIT REPORTS** – See Section 5 of the Company Form to determine which individuals will need to submit these items.

**DISCIPLINARY HISTORY ADDENDUM** – Review the Individual Background Form(s) submitted to determine if this addendum needs to be submitted.

**E & O INSURANCE** - Provide proof of insurance {required by RCW 18.44.201} for the Errors & Omissions Policy (minimum \$50,000) covering all corporate officers, partners, sole practitioners, escrow officers, and employees. The insurance certificate must state “in compliance with RCW 18.44.201”. *PLEASE NOTE: The coverage must be continuous (no expiration date and no lapse in coverage). Insurer must notify DFI 30-days prior to cancellation.*

**FIDELITY BOND** - Pursuant to RCW 18.44.201, provide a copy of the entire Fidelity Bond (minimum \$1,000,000) covering all corporate officers, partners, sole practitioners, escrow officers, and employees. If the fidelity bond has a deductible (maximum deductible is \$10,000), you must also provide a \$10,000 surety bond. The original signed and sealed surety bond with attached power of attorney should be delivered with your application package. The surety bond form can be found on our website at [http://dfi.wa.gov/cs/escrow/escrow\\_act\\_info.htm](http://dfi.wa.gov/cs/escrow/escrow_act_info.htm) *PLEASE NOTE: Bond coverage should be continuous (no expiration date and no lapse in coverage). Insurer must notify DFI 30-days prior to cancellation.*

**CERTIFICATE OF COMPLIANCE and AUTHORIZATION TO EXAMINE TRUST ACCOUNTS** - Complete this enclosed form to show compliance with RCW 18.44.400. Note: The escrow agent’s representative completes the top portion of this form, the bank’s representative completes the bottom portion, and then the bank’s representative’s signature is notarized on site by a second person. **The bank’s representative cannot notarize his or her own signature – it must be a separate individual.** If this form has been altered in any way (white-out, corrections, crossed-out information, etc.) it will be rejected.

**APPLICATION FEE(S) and ESCROW OFFICER APPLICATION(S)** - Pursuant to WAC 208-680-155, attach the application fee for each location. Make check(s) payable to “Washington State Treasurer.” The check(s) should be attached (not stapled) to the front of the application package when mailing. Be sure to include any associated escrow officer applications and fees when submitting the company application. All escrow agent main office and branch office locations must have a Designated Escrow Officer (DEO). Send the DEO application with the company application.

Main office company application	\$386.55	Branch office application	\$386.55
Designated Escrow Officer (DEO) 1 <sup>st</sup> license application	\$179.26	Branch DEO 1 <sup>st</sup> license application	\$179.26
Fingerprint card processing fee (per individual)	\$34.75		
For escrow officer transfers, changes in DEO, and other escrow officer changes, please see the Escrow Officer Application			

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](mailto:DCS@dfi.wa.gov) for additional assistance.

DELIVERY – Keep copies of everything, and send original *Company Form* and all attachments to:

**Via US Postal Service**  
 Dept of Financial Institutions  
 Division of Consumer Services  
 PO Box 41200  
 Olympia WA 98504-1200

**Via other couriers (eg: FedEx, UPS, etc)**  
 Dept of Financial Institutions  
 Division of Consumer Services  
 150 Israel Rd SW  
 Tumwater WA 98501

<b>COMPANY FORM</b>	<b>ESCROW AGENT APPLICATION FORM</b>	<input type="checkbox"/> MAIN OFFICE 1 <sup>ST</sup> LICENSE APPLICATION \$386.55
	Date of Filing (MM/DD/YYYY): _____	<input type="checkbox"/> BRANCH OFFICE APPLICATION \$386.55
	Desired Effective Date (MM/DD/YYYY): _____	<input type="checkbox"/> MAIN OFFICE AMENDMENT <input type="checkbox"/> BRANCH OFFICE AMENDMENT
DFI License Number ( <i>branch office and amendments only</i> ) 540-EA-_____		

**AMENDMENTS ONLY (check all that apply)**

- MAIN OFFICE ADDRESS CHANGE    
 BRANCH OFFICE ADDRESS CHANGE    
 MAIN OFFICE NAME CHANGE  
 BRANCH OFFICE NAME CHANGE    
 OTHER \_\_\_\_\_

**BUSINESS TYPE\* (check all that apply)**

- ESCROW                                    
 MORTGAGE LOAN SERVICING\*                                    
 OTHER \_\_\_\_\_  
 ONLY RESIDENTIAL CONTRACT COLLECTIONS\*                                    
 ONLY NON-RESIDENTIAL CONTRACT COLLECTIONS  
 BOTH RESIDENTIAL AND NON-RESIDENTIAL CONTRACT COLLECTIONS\*

\*Residential contract collections and mortgage loan servicing require a Consumer Loan License.

**1. EXACT NAME, PRINCIPAL BUSINESS ADDRESS, MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS), AND TELEPHONE NUMBERS OF APPLICANT:**

- (A) Entity name (sole proprietors provide last, first, and full middle name) \_\_\_\_\_
- (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) \_\_\_\_\_

(C) (1) Trade name under which business primarily is or will be conducted, if different from Item 1A: \_\_\_\_\_

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

Name	Jurisdiction
Name	Jurisdiction
Name	Jurisdiction

(D) **For amendments only:** If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the  *applicant* name (1A) or  business trade name (1C): \_\_\_\_\_

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

\_\_\_\_\_

Number  Street                                     City                                     State / Province & Country                                     Zip+4 / Postal Code

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

\_\_\_\_\_

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

(G) Telephone Numbers and Website:

( ) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_                                     ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Phone                                     Fax Line                                     Web ite address                                     e-mail address (optional)

(H) Other than the office in 1E, does the *applicant* conduct business with consumers through branch locations?      YES      NO  
(Branch locations must be approved prior to conducting business. Use this form to submit a branch office application.)

**AUTHORIZATION FOR VERIFICATION – COMPANY**

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for an escrow agent license, or for the purpose of conducting an investigation in accordance with chapter 18.44 Revised Code of Washington.

BY: \_\_\_\_\_

Signature of Authorized Official                                     Date

\_\_\_\_\_

Printed Name of Authorized Official                                     Title

Applicant (company) full legal name: \_\_\_\_\_

**2. CONTACT INFORMATION FOR APPLICANT:**

(A) Contact person for this application:

\_\_\_\_\_  
Name and Title

( ) - ext \_\_\_\_\_  
Business Phone

( ) - \_\_\_\_\_  
Fax Line

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
PO Box or Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province & Country

\_\_\_\_\_  
Zip+4 / Postal Code

(B) Contact person for future compliance issues (if different from above):

\_\_\_\_\_  
Name and Title

( ) - ext \_\_\_\_\_  
Business Phone

( ) - \_\_\_\_\_  
Fax Line

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
PO Box or Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province & Country

\_\_\_\_\_  
Zip+4 / Postal Code

(C) Physical address of location where the official books and records of the applicant will be kept. This is for the purpose of periodic review and examination by the Department of Financial Institutions.

\_\_\_\_\_  
Records Custodian Name

( ) - ext \_\_\_\_\_  
Business Phone

( ) - \_\_\_\_\_  
Fax Line

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province & Country

\_\_\_\_\_  
Zip+4 / Postal Code

(D) Registered Agent:

\_\_\_\_\_  
Name

( ) - ext \_\_\_\_\_  
Phone

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province & Country

\_\_\_\_\_  
Zip+4 / Postal Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

DFI will send a specific Consent to Serve letter to the registered agent.

Note: If your office is outside the borders of Washington State, you must maintain a registered agent inside Washington.

If your office is within the borders of Washington State, the use of a registered agent is *optional* (your office staff may serve as registered agent). However, if your company has used a registered agent when filing with other Washington state agencies, please provide this office with information about *that* registered agent.

**3. STATE REFERENCE:** Enter appropriate number in the box for each jurisdiction where the applicant is or has ever been licensed to engage in any escrow or real estate related business.

- Enter "1" if *applicant is newly applying* in that *jurisdiction*.
- Enter "2" if *applicant has a pending application* in that *jurisdiction*.
- Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*.
- Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*.
- Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

STATE												
AI		FI		IA		NE		OK		VT		
AK		GA		MF		NV		OR		VA		
AZ		HI		MD		NH		PA		WA		
AR		ID		MA		NJ		RI		WV		
CA		IL		MI		NM		SC		WI		
CO		IN		MN		NY		SD		WY		
CT		IA		MS		NC		TN				
DE		KS		MO		ND		TX		Guam		
DC		KY		MT		OH		UT		Puerto Rico		

For each state marked, attach a **STATE REFERENCE ADDENDUM** which includes: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

Applicant (company) full legal name: \_\_\_\_\_

**4. LEGAL STATUS OF APPLICANT:**

- Corporation                                       Proprietorship                                       Other (specify) \_\_\_\_\_
- Partnership     Limited Liability Company

FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

WASHINGTON STATE UNIFIED BUSINESS ID NUMBER (UBI): \_\_\_\_\_

To obtain a UBI, you must contact the Washington State Department of Licensing, Business and Professions Division (360) 664-1400 to apply for (your) the applicant's Washington State Master Business License. A copy of this document is **not** required with your application. DFI will verify with the Department of Licensing that (you) the applicant (have) has registered.

If the applicant is a corporation, partnership, or LLC you must contact the Washington Secretary of State, Division of Corporations, (360) 753-7115 to register the applicant. A copy of this document is **not** required with this application. DFI will verify with the Secretary of State that the applicant has been registered.

DATE OF INCORPORATION: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

APPLICANT'S FISCAL YEAR END (MM/DD): \_\_\_\_\_

If applicant is a publicly traded corporation, please insert stock symbol: \_\_\_\_\_

**5. INDIVIDUAL INFORMATION:** The following individuals must attach and submit the **INDIVIDUAL BACKGROUND FORM**.

Individuals holding these positions of control must also provide a personal credit report pulled within the last 30 days which includes a public records search, a fingerprint card and a completed "Applicant's Privacy Rights" form. Fingerprints will be used to check the criminal history record files kept by the Washington State Patrol and the FBI.

[Important Information on Fingerprint Background Checks](#)

<u>CORPORATION/LLC</u>	<u>PARTNERSHIP</u>	<u>SOLE PROPRIETORSHIP</u>
Officers	General Partners	Owner
Directors		Spouse of Owner
Principals (10% or more ownership)		

**ESCROW AGENT SIGNATURE AND OATH OF APPLICANT**

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Revised Code of Washington 18.44 and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code provisions and contained in Washington Administrative Code have been reviewed by the principals and responsible parties of the applicant as listed herein, and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant's desire to obtain from the Director of the Washington Department of Financial Institutions, a license to engage in the business of an escrow agent, as defined in chapter 18.44 RCW. 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 denial of a license or the revocation of any license granted.

BY: \_\_\_\_\_

Signature of Authorized Official                                      Date

\_\_\_\_\_

Printed Name of Authorized Official                                      Title









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### 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 notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>
- 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 hereby certify that I have received notification of these privacy rights.*

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, in \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of control person submitting a fingerprint card

\_\_\_\_\_  
Print control person's name

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