

WASHINGTON ESCROW OFFICER LICENSE AMENDMENT

The instructions and information contained herein are an integral part of the form.

WHEN TO USE THIS FORM

Use this form if:

- 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.
- You are currently active and wish to be inactive.
- You are currently inactive and wish to reactivate your license.

CHANGE OF DESIGNATED ESCROW OFFICER ADDITIONAL REQUIRED DOCUMENTS

- If you are replacing an outgoing designated escrow officer at a currently licensed escrow agent, both you and the outgoing designated escrow officer must complete the attached "Change of Designated Escrow Officer and Trust Funds Responsibility Form."
- Submit a personal credit report, pulled within 30 days of the date this was received by DFI WAC 208-680-110.
- Verification of coverage by Escrow Agent's insurance (E&O and Fidelity Bond).
- A fee of \$28.01 made payable to the "Washington State Treasurer" is required for each license that requires a reprint.

ADDRESS CHANGE AMENDMENT

- Complete Escrow Officer Amendment Section 1 if the company has changed addresses or if your residential address or contact information has changed.
- A fee of \$28.01 made payable to the "Washington State Treasurer" is required for each license that requires a reprint.

PERSONAL NAME CHANGE AMENDMENT

- Complete Escrow Officer Amendment Section 1.
- Enter all other names that you have gone by in section "G".
- A fee of \$28.01 made payable to the "Washington State Treasurer" is required for each license that requires a reprint.

MOVING YOUR LICENSE STATUS FROM ACTIVE TO INACTIVE

- Mark the correct box at the top of the form and then complete ALL of Section 1 with your current residential address and contact information. There is no fee for this.
- Mail this form along with any additional required information to the address listed below.

MOVING YOUR LICENSE STATUS FROM INACTIVE TO ACTIVE

• To move your license from Inactive to Active mark the box at the top of the form and complete pages 3, 4 & 7.

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- If it has been more than two years since you were active you will need to submit a new fingerprint card along with the Privacy Rights form found on page 7. An additional fee of \$34.25 is required for the fingerprint processing.
- A fee of \$28.01 made payable to the "Washington State Treasurer" is required for each license that requires a reprint.
- Mail this form with the most current copy of the Certificate of Insurance for the company and any additional information that is required to the address listed below.

If you need to request these forms in an alternate format (such as Braille, larger print, etc.) or if you need additional help please contact our office either by phone at 360-902-5703 or by email CSLicensing@dfi.wa.gov. If you have questions or require assistance in completing the form, you may request a pre-filing appointment with one of our licensing staff.

Mail your completed form 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-line at http://apps.leg.wa.gov/wac/default.aspx?Cite=208-680 and http://apps.leg.wa.gov/rcw/default.aspx?Cite=18.44

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	ESCROW OFFICER AMENDMENT FORM	☐ DESIGNATED ESCROW OFFICER (DEO)				
	Date of Filing (MM/DD/YYYY):	☐ ESCROW OFFICER (EO) ☐ BRANCH DESIGNATED ESCROW OFFICER (BDEO)				
	DFI License Number:	☐ INACTIVE TO ACTIVE				
	21 1 21331133 (Vallipor)	ACTIVE TO INACTIVE YOU INTEND TO WORK FOR A:				
		☐ MAIN OFFICE LOCATION ☐ BRANCH OFFICE LOCATION				
Trar Trar Re-a	nsfer to Different Escrow Agent Co. Insfer to Branch Designated Escrow Officer Insfer to Designated Escrow Officer Inster to Designated Escrow Officer Institute License (EO status) Institute License(DEO or Br DEO status)					
1. Indiv	vidual's Identifying Information:					
(A)	Full last, first and middle names:					
	Last Name First Name	Middle Name Suffix (if any)				
(B)	Social Security Number:					
(C)	Date of Birth (MM/DD/YYYY)(D) State/Province of Bir	th (E) Country of Birth				
(F)	(F) 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).					
Naı	me: Name: Name	Name:				
(0)	Fundamental (Fundamental)	Page Warra				
(G)	Employer Name (Escrow Agent): Escrow Agent's License Number:	Position:				
(H)		is address is your private residence, check here				
()						
(I)	Number and Street City Current Residence Address (if different from employment address):	State Zip+4/Postal Code				
(-)						
	Number and Street City	State Zip+4/Postal Code				
(J)	Telephone Numbers and email address:					
(_						
	Business Phone Cell Phone (optional) Fax Line (optional	l) Email Address				
(K)	Drivers License Number: State is:	sued:				
(L)	Are you a bona fide resident of the state of Washington?	□NO				
(M)	Do you agree to personally manage the office indicated in this application? (Fo	DEO or Branch DEO only)				
APPLICANT IS HEREBY APPOINTED AS AN ESCROW OFFICER TO REPRESENT, ACT FOR AND ON BEHALF OF, THE ESCROW AGENT NAMED HEREIN.						
Signature	e of Authorized Company Official Date Printed	Name and Title of Authorized Company Official				

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2. Residen	tial History Startin	ng with current address (item 1K), give all addresses for t	he past 10 years. (Atta	ach additional sl	neets as necessa	ary.) <i>:</i>	
From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Providence	Zip or Postal Code	Count	ry
()	(11112 1 1 1 1)						
employm	ent, military service	ovide complete employment history for the past 10 years, and homemaking. Also include periods such as unemales as financial service-related business. (Attach additional s	ployed, full-time stude				
From (MM/YYYY)	To (MM/YYYY)	Employer (Company Name)	City	State or Providence	Zip or Postal Code	YES or I	NO?
(141141/11111)	(WIW 1111)	(company realic)					
	I			I		YES	NO
agent or		currently engaged in any other business either as a pro e exclude non-financial services-related activity that is					
If YES, provide the following details: the name of the other business; whether the business is financial services-related; 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.) Details: (If needed you can provide a separate Word document for this information)							
The state of the s							
		any of the following is "YES", provide complete details of a ails of the "YES" answers).	all events or proceedir	ngs in a Discipli	nary History Add	endum (sep	arate
RCW 18.44	.031(2)					YES	NO
1) 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? (NOTE: If you have been convicted of a crime, you will be subject to an investigation, and you may be denied a license.)						ре	
2) Is there a	a criminal complain	nt, accusation, or information presently pending against you	ou, or are you under ir	ndictment in this	state, any other		
state, by the federal government, or by any other jurisdiction? 3) 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? 4) 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?							
5) 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?							
6) Has a bonding company ever denied, paid out on, or revoked a bond for you?							

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CHANGE OF DESIGNATED RESP	CHANGE OF DEO FOR: ☐ MAIN OFFICE LOCATION ☐ BRANCH OFFICE LOCATION		
Date of Filing (M	/IM/DD/YYYY):		
(A) Escrow Agent Company Name:			40 FA
Trade Name:		Escrow Agent License Number: 54	40-EA
(B) Main address: (Do not use a P.O. Box	x)		
Number and Street	City	State	Zip+4 / Postal Code
(C) Mailing address, if different from Main	address:		
PO Box or Number and Street	City	State	Zip+4 / Postal Code
1. Outgoing Designated Escrow Officer's I	Identifying Information:		
Escrow Officer License Number 540-EO			
(A) Full last, first and middle names:			
Last Name	First Name	Middle Name	Suffix (if any)
(B) Current Residence Address (if different	t from employment address):		
PO Box or Number and Street	City	State	Zip+4/Postal Code
(C) Telephone Numbers and email address	•	2	
Business Phone	Cell Phone (optional)	Fax Line (optional)	Email Address
2. Incoming Designated Escrow Officer's lo	dentifying Information:		
Escrow Officer License Number (if applicab	ole)540-EO		
(A) Full last, first and middle names:			
Last Name	First Name	Middle Name	Suffix (if any)
(B) Current Residence Address (if different	t from employment address):		•
PO Box or Number and Street	City	State	Zip+4/Postal Code
(C) Telephone Numbers and email addre	ess:		
Business Phone	Cell Phone (optional)	Fax Line (optional)	Email Address
Escrow Officer License Number (amendments	only) 540-EO		
Do you agree to personally manage the office in		☐ YES ☐ NO	
I swear or affirm that the information conta omission of material information in connec denial of license or revocation of any licens	ined herein is true and corre tion with this application sha		
Signature of Individual	Date	Printed Name of Individual	Title
Olginature of Individual	Daio	i initod ivallie of individual	TIUC

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CHANGE OF DESIGNATED ESCROW OFFICER AND TRUST RESPONSIBILITY FORM continued Date of Filing (MM/DD/YYYY):	CHANGE OF DEO FOR: MAIN OFFICE LOCATION BRANCH OFFICE LOCATION					
(A) Escrow Agent Company Name: Trade Name: Escrow Agent Licens	se Number: 540-EA-					
(B) Main address: (Do not use a P.O. Box) Number & Street City State / Province	te & Country Zip+4 / Postal Code					
(C) Mailing address, if different from Main address: PO Box or Number & Street City State / Province						
OUTGOING DESIGNATED ESCROW OFFICER:						
As of, I,						
Optional: The reason for the departure of your outgoing DEO is:	<u> </u>					
	(Attach explanation if desired)					
INCOMING DESIGNATED ESCROW OFFICER: As of						
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 \$						
Signature of Incoming DEO Date	City, State					

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APPLICANT'S PRIVACY RIGHTS

This form must be completed by <u>each</u> 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 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 update 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.
- 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.
- ➤ 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	State	
Signature of control person submitting a fingerprint card		·	Print control person's name		

Attach this completed form with your fingerprint card

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