



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	www.secstate.wa.gov/corps
Department of Revenue, Business Licensing Service	(800) 451-7985	www.bls.dor.wa.gov
Office of the Insurance Commissioner	(360) 725-7080	www.insurance.wa.gov
Office of the Attorney General	(360) 753-6200	www.atg.wa.gov
Escrow Association of Washington	(253) 864-3537	www.e-a-w.org

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 *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 st license application	\$179.26	Branch DEO 1 st license application	\$179.26
Fingerprint card processing fee (per individual)	\$33.25		
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 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

COMPANY FORM	ESCROW AGENT APPLICATION FORM	<input type="checkbox"/> MAIN OFFICE 1 ST 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)

<input type="checkbox"/> MAIN OFFICE ADDRESS CHANGE	<input type="checkbox"/> BRANCH OFFICE ADDRESS CHANGE	<input type="checkbox"/> MAIN OFFICE NAME CHANGE
<input type="checkbox"/> BRANCH OFFICE NAME CHANGE	<input type="checkbox"/> OTHER _____	

BUSINESS TYPE* (check all that apply)

<input type="checkbox"/> ESCROW	<input type="checkbox"/> MORTGAGE LOAN SERVICING*	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ONLY RESIDENTIAL CONTRACT COLLECTIONS*	<input type="checkbox"/> ONLY NON-RESIDENTIAL CONTRACT COLLECTIONS	
<input type="checkbox"/> 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

(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 site 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 Bus iness 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		ME		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

INDIVIDUAL BACKGROUND FORM	WASHINGTON ESCROW BIOGRAPHICAL STATEMENT AND CONSENT Date of Filing: _____ Effective Date: _____	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>
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This form must be completed by each of the following individuals (check all boxes that apply)

Corporations <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Principal (10% or more) Percent owned: _____	Partnership <input type="checkbox"/> General Partners	Sole Proprietorship <input type="checkbox"/> Owner <input type="checkbox"/> Spouse of Owner	<input type="checkbox"/> Escrow Officer	<i>Individuals holding these positions of authority must also provide a personal credit report (pulled within the last 30 days and must include a public records search), a fingerprint card, and the fingerprint processing fee.</i>
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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: _____
DFI License Number (**amendments only**) 540-EA- _____

(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.

BY: _____
Signature of Individual Date

Printed name of Individual Title

Individual full legal name: _____

Applicant (company) full legal name: _____

2. 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 Providence	Zip or Postal Code	Country

3. 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 Providence	Zip or Postal Code	YES or NO?

4. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in a DISCIPLINARY HISTORY ADDENDUM.

DISCLOSURES	YES	NO
(1) With the exception of motor vehicle violations, 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.)	<input type="checkbox"/>	<input type="checkbox"/>
(2) 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"/>
(3) Has any professional or occupation 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"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>



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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 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 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 *****