



WASHINGTON ESCROW AGENT LICENSE APPLICATION

Forming a New Escrow Agent

If you are planning to form a new corporation (“Inc.”), 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. The Department of Revenue Business Licensing Service can also assist you in obtaining your Washington State Business License. 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	(800) 562-6900	www.insurance.wa.gov
Office of the Attorney General	(360) 753-6200	www.atg.wa.gov
Escrow Association of Washington	(800) 466-9121	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 or an officer depending on the business structure 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.**

For transfer of a currently licensed Escrow Officer, DEO or other escrow officer changes, STOP and use the Escrow Officer Amendment Application.

Washington statutes, rules, opinions, and policies are available on the DFI website.

Branch Applications

Include the following with this application form to add a new branch to a currently licensed escrow agent.

- Disciplinary History Addendum, if applicable, for any Yes answer on an individual’s disclosures.
- Copy of the escrow agent’s current Certificate of Insurance.
- Copy of the escrow agent’s Certificate of Compliance and Authorization to Examine Trust Accounts, if the branch will be using the same trust account as the main.
- If a new trust account will be used for the branch then a new original signed and sealed Certificate of Compliance and Authorization to Examine Trust Accounts Form must be submitted.
- Escrow Officer Application Form, fingerprint card, credit report, and Applicants Privacy Rights Form for the Branch Designated Escrow Officer (BDEO) and any other escrow officers (EO) that will be working at the branch location.
- Fees(s) are \$386.55 for the branch application; \$179.26 for a new Branch Designated Escrow Officer and any new escrow officers; \$28.01 per person if the BDEO or EO are currently licensed; \$34.25 processing fee for each fingerprint card submitted. If a fingerprint card has been submitted within the past two years it does not need to be resubmitted.

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, PERSONAL CREDIT REPORTS, FINGERPRINT CARDS, and APPLICANT’S PRIVACY RIGHTS FORM–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–Pursuant to RCW 18.44.400, provide the original completed, signed and notarized Authorized to Examine Trust Account form with the company application. 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 their 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)	\$34.25		

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 CSLicensing@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 (e.g.: FedEx, UPS, etc)

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

COMPANY FORM	ESCROW AGENT APPLICATION FORM Date of Filing (MM/DD/YYYY): _____ DFI License Number (<i>branch applications only</i>) 540-EA- _____	<input type="checkbox"/> MAIN OFFICE APPLICATION <input type="checkbox"/> BRANCH OFFICE APPLICATION
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BUSINESS TYPE* (*check all that apply*)

ESCROW OTHER _____

BOTH RESIDENTIAL AND NON-RESIDENTIAL CONTRACT COLLECTIONS ON LOANS SECURED BY A LIEN ON REAL OR PERSONAL PROPERTY.

Refer to RCW 18.44.011(7)

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

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

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

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

(F) Telephone Numbers and Website:

() - ext _____	() - _____	_____	_____
Business Phone	Fax Line	Website address	E-mail address

(H) Other than the office in 1D, 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

I, the undersigned official of the company noted, hereby authorize and request you to provide the Washington State Department of Financial Institutions 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:

_____	() - ext _____	() - _____	_____
Name and Title	Business Phone	Fax Line	E-mail address
_____	_____	_____	_____
PO Box or Number and Street	City	State	Zip+4 / Postal Code

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

_____	() - ext _____	() - _____	_____
Name and Title	Business Phone	Fax Line	E-mail address
_____	_____	_____	_____
PO Box or Number and Street	City	State	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.

_____	() - ext. _____	() - _____	_____
Records Custodian Name	Business Phone	Fax Line	E-mail address
_____	_____	_____	_____
Number and Street	City	State	Zip+4 / Postal Code

(D) Registered Agent:

_____	() - ext _____	() - _____	
Name	Phone	Fax Line	
_____	_____	_____	_____
Number and Street	City	State	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													
AL		FL		LA		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 Department of Revenue, Business Licensing Service, 800-451-7985 or www.bls.dor.wa.gov 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 Revenue, Business Licensing Service 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 or www.sos.wa.gov/corps 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, 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](#)

CORPORATION/LLC	PARTNERSHIP	SOLE PROPRIETORSHIP
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 RCW 18.44. 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

OWNERSHIP and PERSONNEL FORM	<i>Escrow Agent applicant</i> full legal name: _____ DFI License Number (<i>branch applications only</i>) 540-EA-_____	FIRST LICENSE APPLICATION
		Date: _____

1. Provide information on the owners (stockholders, LLC members, partners, sole proprietor/spouse) of the applicant. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued). In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME OF OWNER (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

2. Does any controlling person (10% or more ownership is a "controlling person") own 10% or more in another business? YES NO
 If yes, attach an **OWNERSHIP ADDENDUM** which provides a description of this "affiliate" company and includes company name, address, telephone number, and contact person.

3. LIST OF PERSONNEL – Include all executive officers, directors, managers, trustees, controlling persons, designated escrow officer, branch designated escrow officer(s), and escrow officers.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership

**INDIVIDUAL
BACKGROUND
FORM**

**WASHINGTON ESCROW BIOGRAPHICAL
STATEMENT AND CONSENT**

Date of Filing: _____ Effective Date: _____

NEW APPLICATION MAIN
 NEW APPLICATION
BRANCH

This form must be completed by each of the following individuals (check all boxes that apply)

<p><u>Corporations</u></p> <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Principal (10% or more) Percent owned: _____	<p><u>Partnership</u></p> <input type="checkbox"/> General Partners	<p><u>Sole Proprietorship</u></p> <input type="checkbox"/> Owner <input type="checkbox"/> Spouse of Owner	<p>Individuals holding these positions of authority must also provide the following:</p> <input type="checkbox"/> Credit Report pulled within 30 days of application <input type="checkbox"/> Applicant's Privacy Rights Form <input type="checkbox"/> One finger print card If a fingerprint card has been submitted within the past two years, they don't need to be resubmitted.
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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) Date of Birth (MM/DD/YYYY) _____ (D) State/Province of Birth _____ (E) Country of Birth _____

(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).
 Name: _____ Name: _____ Name: _____ Name: _____

(I) Employer Name (Escrow Agent): _____ Position: _____
 DFI License Number 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

(M) Driver's 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

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 (separate word document listing the details of the "YES" answers).

WAC 208690-030(2)(C) and WAC 208-690-070

DISCLOSURES	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.)	<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?

(6) Has a bonding company ever denied, paid out, or revoked a bond for you?



APPLICANT'S PRIVACY RIGHTS

This form must be completed by each owner or officer submitting a 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 for purposes of determining your suitability for licensure.
- 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.
- 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 state or 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 and consent to use of fingerprints for a criminal background check:

I hereby certify that I have received notification of these privacy rights and consent to use of fingerprints for a criminal background check.

DATED this ____ day of _____, 20__, in _____, _____.

Day

Month

City

State

Signature of individual submitting a fingerprint card

Print individual's name

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



WASHINGTON LICENSING DECLARATION FORM – ESCROW AGENTS

Name of Company: _____

TAX ID# _____

1. I am above the age of eighteen and am competent to testify to the facts as stated in this declaration.
2. I am authorized to make this Declaration on behalf of the company.
3. I personally reviewed the application submitted on behalf of the applicant and all supporting documents submitted. I certify the application and supporting documents do not contain any untrue statement or omission of any material information or fact.
4. I have read and am familiar with all the Escrow Agent applicable Laws and Regulations. Among these are:
 - Escrow Agent Registration Act (RCW 18.44)
 - Mortgage Lending and Homeownership (RCW 19.144)
 - Uniform Commercial Code (RCW 62A)
 - Unclaimed Property (RCW 63.29)
 - Escrow Agent Registration Act (WAC 208-680)
 - Real Estate Settlement Procedures Act- (12 U.S.C. Section 2601, and Regulation X, 24 C.F.R. Section 3500)
 - Gramm-Leach-Bailey Act (202.12; Title V, Subtitle A)
 - Truth in Lending Act (15 U.S.C. Sec. 1601 et seq. and Regulation Z)
5. I affirm the applicant has adopted written policies and procedures commensurate with the nature, size and complexity of its business operation. These will include:
 - Recordkeeping in compliance with WAC 208-680-530
 - Business Continuity and Recovery plan (WAC 208-680-538)
 - Cyber Security program (WAC 208-680-532)
6. I understand that all Escrow Agent licensees are required to:
 - Have a Fidelity Bond of \$1 million. If there is a deductible on the Fidelity bond the company needs a Surety Bond of \$10, 000 as well (WAC 208-680-310)
 - Have Errors and Omissions insurance (WAC 208-680-320)
 - Report all designated Escrow Officers; additions and replacements (WAC 208-680-176)
 - File an Escrow Agent Quarterly Report within 30 days of the end of each fiscal quarter (WAC 208-680-425)
 - Renewal of Escrow Agent License (WAC 208-680-240)
 - Renewal of Escrow Officer License (WAC 208-680-243)
 - The escrow agent must establish a trust account where funds are deposited and held. The account must be located in a Washington State financial institution or in a financial institution with a branch in Washington State (WAC 208-680-410)
7. If granted a license, I understand the company will be subject to periodic regulatory examinations and am familiar with the fees associated with an examination as outlined in WAC 208-680-610.
8. The applicant will notify the Department of any material change to the information contained in the company's record and is familiar with reporting requirements in WAC 208-680-265.

9. I understand that any false or fraudulent representation or substantial misrepresentation may be grounds for denial or revocation of any license granted by the Department.

I DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 U.S.C 1001.

Compliance Officer – Print Name

Signature

Date

Chief Executive Officer – Print Name

Signature

Date



ESCROW AGENT CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO EXAMINE TRUST ACCOUNTS

To: State of Washington, Department of Financial Institutions, Division of Consumer Services

For: _____
Escrow agent company name

The undersigned, a principal officer of the above listed licensee, hereby certifies that such firm has established and maintains a trust account(s) ("Trust Account") in compliance with the Escrow Agent Registration Act, RCW 18.44 and that each Trust Account held for this purpose is correctly identified below:

Trust Account No: _____ Trust Account No: _____
Financial Institution: _____ Financial Institution: _____
Branch: _____ Branch: _____
Street Address: _____ Street Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____

- The undersigned hereby authorizes the Director of the Department of Financial Institutions, or designee, to examine the above described Trust Account(s).
The undersigned further authorizes the above listed financial institutions(s) to report to the Director of the Department of Financial Institutions, or designee, in the event any properly payable instrument is presented against an identified Trust Account containing insufficient funds, whether or not the instrument is honored. All reports shall contain the following information:
a) The name of the financial institution
b) The identity of the escrow agent
c) The account number
d) Either the amount of the overdraft and the date created or the amount of the returned instrument and the date returned.
The undersigned further authorizes the above listed financial institutions(s) to release to the Director, or designee, information relating to the Trust Account(s) listed above, such information is to include all account records and information.
The undersigned acknowledges responsibility to notify the Department of any change of financial institution

Signature of officer

Date

Print officer's name

Title

FINANCIAL INSTITUTION VERIFICATION OF ACCOUNT AND DUTY TO NOTIFY

Account No: _____

Account No: _____

Date established _____

Date established: _____

The undersigned financial institution agrees to report to the Director of the Department of Financial institutions, or designee, the following events: 1) any properly payable instrument being presented against an identified trust account containing insufficient funds, whether or not the instrument is honored; or 2) the closure of any identified trust account. The undersigned agrees to notify the Director, or designee, within five banking days of the event occurring.

Financial Institution: _____
Print name of financial institution

Financial Institution: _____
Print name of financial institution

Verified by: _____
Print bank representative's name

Verified by: _____
Print bank representative's name

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

BANK SIGNATURE MUST BE NOTARIZED

Singed and sworn before me by: _____
Print financial institution representative's name

On behalf of: _____
Name of financial institution

This _____ day of _____ 20_____

Signature of Notary Public

Notary Public in and for the State of _____

County of _____

My appointment expires: _____