



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES
P.O. Box 41200 • Olympia, Washington 98504-1200
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ESCROW AGENT REQUEST FOR APPROVAL TO MAINTAIN RECORDS AT AN OUT OF STATE LOCATION

Company Name: _____
corporate name *trade name or dba*

Licensed Location: _____
physical address *city, state, zip*

In accordance with WAC 208-680D-030(2), the above named applicant for Escrow Agent license does hereby request approval from the Director of the Department of Financial Institutions to maintain records at the following location:

Records Location: _____
physical address *city, state, zip*

Records Custodian: _____
custodian's full name *e-mail*

custodian's phone number *fax number*

The applicant will notify the Director of any change in the location of records immediately. The applicant agrees to provide the Director with access to the records pursuant to RCW 18.44 and WAC 208-680D-030.

By: _____ Date: _____
signature of applicant's authorized representative

printed name and title of authorized representative *authorized representative's business mailing address, city, state, zip*

Issuance of an Escrow Agent license to the above licensed location will constitute the Director's approval of this request. Failure to comply with this agreement may be grounds for denial in accordance with RCW 18.44.430 (b).