



## **ESCROW AGENT LICENSE AMENDMENT FORM**

Use this form if you are changing any of the following escrow agent company information:

- Main office address
- Branch office address
- Main office name
- Branch office name
- Change of ownership or company personnel

Below are the lists of instructions for each type of amendment.

### **ADDRESS CHANGE AMENDMENT**

- 1) Complete Escrow Agent Application sections 1 & 2. If any information in sections 3, 4, or 5 has changed you must also complete those sections.
- 2) A fee of \$28.01 made payable to the “Washington State Treasurer” is required for each license that requires a reprint.
- 3) File address change documents with the Department of Revenue, Business Licensing Service as well as with the Washington Secretary of State’s Corporations Division for your *Authority to Do Business*. The Department of Financial Institutions will verify information directly with these agencies.
- 4) Contact your insurance carrier to obtain a copy of the current certificate of insurance and surety bond rider (if applicable) showing the new address. Mail the updated certificate of insurance, the original surety bond rider and this form to the Department of Financial Institutions.

### **NAME CHANGE AMENDMENT**

- 1) Complete Escrow Agent Amendment Application sections 1 & 2. If any information in sections 3, 4, or 5 has changed you must also complete those sections.
- 2) A fee of \$28.01 made payable to the “Washington State Treasurer” is required for each license that requires a reprint.
- 3) File name change documents with the Department of Revenue, Business Licensing Service as well as with the Washington Secretary of State’s Corporations Division for your *Authority to Do Business*. DFI will verify information directly with these agencies online.
  - You must check the availability of the desired new name with the Department of Financial Institutions as well as with the Washington Secretary of State’s office and Department of Revenue, Business Licensing Service who register trade (dba) names. Please DO NOT order signs, stationery, advertising, etc. until you have received confirmation from all agencies that the name you have chosen is available.
- 4) Contact your insurance carrier to obtain an updated certificate of insurance and surety bond rider (if applicable) showing the new name. Mail the updated certificate of insurance, the original surety bond rider and this form to the Department of Financial Institutions.



**CHANGE OF OWNERSHIP OR PERSONNEL**

- 1) A 100% transfer of assets would require a new escrow agent application. **STOP** and use the Escrow Agent New Application Form
- 2) Complete Escrow Agent Amendment Application sections 1 & 2. If any information in sections 3, 4, or 5 has changed you must also complete those sections.
- 3) Submit a before-and-after organizational chart which shows all owners, parents, subsidiaries, and affiliates as well as percentages of ownership for each.
- 4) See section 5 of the Escrow Agent Amendment Application form. Any new incoming individuals that fall under the categories listed must submit the Individual Background Form, one fingerprint card, and the Application Privacy Rights Form. If an individual currently associated with this Escrow Agent is changing positions within the company, that individual must also complete the Individual Background Form.
- 5) Submit the fingerprint processing fee of \$34.25 for each new individual being added to the company. You may combine fees into a single check made payable to “Washington State Treasurer.”
- 6) Complete the Escrow Change of Control Form (page 5 of 9) for changes in company personnel that fall under section 5 of the Escrow Agent Amendment Application. If you are making changes to your Escrow Officer(s) you must submit the Escrow Officer Application.

**CHANGE OF DESIGNATED ESCROW OFFICER**

Do not submit this form if your company is changing their Designated Escrow Officer. Submit the Escrow Officer Application or Amendment Form, whichever is applicable. Instructions for this type of change are on both forms.

**CHANGE OF BUSINESS STRUCTURE**

A change of business structure (e.g.: corporation to LLC), change in state of incorporation which includes a change in federal tax identification number would require a new escrow agent application. **STOP** and submit the Escrow Agent New Application Form.

**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>
WA State Dept. of Revenue, Business Licensing Services	(800) 451-7985	<a href="http://bls.dor.wa.gov/">http://bls.dor.wa.gov/</a>
Office of the Insurance Commissioner	(800) 562-6900	<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	(800) 466-9121	<a href="http://www.e-a-w.org">www.e-a-w.org</a>

DELIVERY – Keep copies of everything, and send original *Escrow Agent Amendment 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

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

<b>COMPANY FORM</b>	<p><b>ESCROW AGENT AMENDMENT FORM</b></p> <p>Date of Filing (MM/DD/YYYY): _____</p> <p>DFI License Number 540-EA- _____</p>	<input type="checkbox"/> MAIN OFFICE AMENDMENT  <input type="checkbox"/> BRANCH OFFICE AMENDMENT
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**AMENDMENTS ONLY (check all that apply)**

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

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

<p>(A) Entity Name (sole proprietors provide last, first, and full middle name)</p> <p>_____</p>	<p>(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)</p> <p>_____</p>
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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) **For changes to Name or DBA:** If this filing makes a name change on behalf of the applicant, enter the new name and specify if the change is for  
 *applicant* name (1A) or  business trade name (1C)

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

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

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

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

(G) Telephone Numbers and Website:

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

**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 Officer	_____ Date
_____ Printed Name of Authorized Officer	_____ Date

Agent (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 and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
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 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.

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

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

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

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

(D) Registered Agent:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

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 license, type of license, license number, and the name, address, phone, fax and contact person of the regulatory entity issuing the license.

Agent (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): \_\_\_\_\_

Date Of Incorporation: \_\_\_\_\_

State Of Incorporation: \_\_\_\_\_

Applicant's Fiscal Year End (MM/DD): \_\_\_\_\_

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

The escrow agent must notify the Department of Revenue, Business Licensing Service, at 800-451-7985 or [www.bls.dor.wa.gov](http://www.bls.dor.wa.gov) and Washington Secretary of State, Division of Corporations, at 360-753-7115 or [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) to update a change to the company name, trade name, address, or control people.

**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 30 days of application, a fingerprint card, and the "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>
Officer* (VP and above)	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. 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 Date

<b>OWNERSHIP and PERSONNEL CHANGES</b>	Applicant full legal name: _____	<input type="checkbox"/> CHANGE OF CONTROL <input type="checkbox"/> CHANGE OF OWNERSHIP
	Date: _____	
<b>ESCROW CHANGE OF CONTROL APPLICATION FORM</b>		

1. Use this form to apply for changes of control and ownership. Changes of control include: change of ownership, or change of an executive officer, director, manager, trustee, or other controlling person. If there is a change of ownership, you must provide a before-and-after organizational chart which shows all parents, subsidiaries, affiliates, and percentages of ownership.

In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same person).

Note: A change of business structure (e.g.: corporation to LLC), change in state of incorporation, change in federal tax identification number, or a 100% transfer of assets **STOP** as this would require a new escrow agent application, and this form would not apply.

2. **List all changes below**

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

**REQUIRED ATTACHMENTS FOR A CHANGE OF CONTROL:**

1. A before-and-after organizational chart showing all parents, subsidiaries, affiliates, and percentage of ownership.
2. Individual Background Forms and Applicant's Privacy Rights Form.
3. Personal credit reports.
4. One Fingerprint card and Applicant's Privacy Rights Form. If an individual has provided a fingerprint card within the past 2 years for an escrow application, there is no need to submit a new fingerprint card.
5. Fingerprint processing fee (per new individual being added) \$34.25.

<u>CORPORATION/LLC</u>	<u>PARTNERSHIP</u>	<u>SOLE PROPRIETORSHIP</u>
Officer* (VP and above)	General Partners*	Owner*
Directors		Spouse of Owner
Principals* (10% or more ownership)		

<b>INDIVIDUAL BACKGROUND FORM</b>	<b>WASHINGTON ESCROW BIOGRAPHICAL STATEMENT AND CONSENT</b>	<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)**

<b>Corporations</b> <input type="checkbox"/> Officer* (VP and above) Directors <input type="checkbox"/> Principal* (10% or more) Percent owned: _____	<b>Partnership</b> <input type="checkbox"/> General Partners*	<b>Sole Proprietorship</b> <input type="checkbox"/> Owner* <input type="checkbox"/> Spouse of Owner	<input type="checkbox"/> Escrow Officer*	New Individuals holding these positions of authority must also provide the following:  <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: \_\_\_\_\_

(G) **For Amendments Only.** If this filing reports that a control individual's name has changed, enter the new name and attach supporting legal documentation.

Name: \_\_\_\_\_

(H) Employer Name (Escrow Agent): \_\_\_\_\_ Position: \_\_\_\_\_

DFI License Number (**amendments only**) 540-EA- \_\_\_\_\_

(I) Office of Employment (Do not use a P.O. Box)  If this address is your private residence check here

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_  
 Number and Street

(J) Current Residence Address (if different from employment address):

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_  
 Number and Street

(K) Telephone Numbers and email address:

( ) - ext ( ) - ( ) -  
 Business Phone Cell Phone (optional) Fax Line (optional) Email Address

(L) 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

**AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL**

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 DFI 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 Province	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 employment, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO"

From (MM/YYYY)	To (MM/YYYY)	Employer (Company Name)	City	State or Province	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 208-690-030(2)(C)

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?	<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"/>

