



# WASHINGTON ESCROW OFFICER LICENSE APPLICATION

## PLEASE READ INSTRUCTIONS BEFORE BEGINNING!

### WHEN TO USE THIS APPLICATION FORM

Use this form if:

- You are applying for your first Designated Escrow Officer or Escrow Officer License.

### First License Applicants

To obtain your first license, you must be associated with an actively licensed escrow agent. You must also have taken and passed the escrow officer examination within the past year. The test is offered through PearsonVUE; visit the Department of Financial Institution's website at <https://dfi.wa.gov/escrow-agents/escrow-officer-licensing-test> for additional information and links to the PearsonVUE website. A copy of your passing score certificate must be submitted with your application.

### REQUIRED ATTACHMENTS FOR FIRST LICENSE APPLICANTS

1. Personal credit report pulled within 30 days of the date of receipt of your application at the Department of Financial Institutions. WAC 208-680-110
2. A fingerprint card and completed "Applicant's Privacy Rights" form. Use the FBI 'Applicant' card (available at most municipal law enforcement agencies) taken within six months. WAC 206-680-135
3. A copy (not the original) of your passing score certificate from the escrow officer examination, passed within one year.
4. Application fee of \$179.26 and fingerprint card processing fee of \$34.25, made payable to the "Washington State Treasurer."
5. Verification of coverage by Escrow Agent's insurance (E&O and Fidelity bond).
6. Completed Escrow Officer Application Form.

### Active Duty Military Member, Veteran, and Spouse/Dependent(s)

An individual that is a current military member, veteran, or spouse of a military member or veteran is eligible for an expedited application review. See Expedited Application instructions at the top of page 3 for required documents.

### CHANGE OF DESIGNATED ESCROW OFFICER ADDITIONAL REQUIRED DOCUMENTS

1. If you are applying for your first escrow officer license and will be replacing an outgoing Designated Escrow Officer (DEO) both you and the outgoing DEO must complete the attached Change of Designated Escrow Officer and Trust Funds Responsibility Form.
2. A fee of \$28.01 made payable to the "Washington State Treasurer" is required for the reprint of the Main or Branch license.
3. Include all items listed in the "Required Attachments for First Time Applicants" above with your submission.

STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone a 360-902-8703 or send your questions via e-mail to [CSLicensing@dfi.wa.gov](mailto:CSLicensing@dfi.wa.gov) for additional assistance.

If you need to request these forms in an alternate format (such as Braille, larger print, etc.), please contact our offices. Mail your completed application 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. SW  
Tumwater, WA 98501

### WASHINGTON STATUTES, RULES, OPINIONS, AND POLICIES

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 reviewed on the electronically at <http://www.leg.wa.gov/CodeReviser/Pages/default.aspx>



Individual full legal name: \_\_\_\_\_

Escrow Agent full legal name: \_\_\_\_\_

2. Residential History Starting with current address, 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 <i>financial service-related</i> 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. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) 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.)		YES	NO
<p>Details:</p>		<input type="checkbox"/>	<input type="checkbox"/>

  

5. Disclosures: If the answer to any of the following is "YES," provide complete details of all events or proceedings in a <b>DISCIPLINARY HISTORY ADDENDUM</b> .		
	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?	<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 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?	<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"/>

# CHANGE OF DESIGNATED ESCROW OFFICER AND TRUST FUNDS RESPONSIBILITY FORM

Date of Filing (MM/DD/YYYY): \_\_\_\_\_

**INCOMING DEO:**  
 FIRST LICENSE APPLICATION

**CHANGE OF DEO FOR:**  
 MAIN OFFICE LOCATION  
 BRANCH OFFICE LOCATION

(A) Escrow Agent Company Name: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_ Escrow Agent License Number: **540-EA-**\_\_\_\_\_

(B) Main address: (Do not use a P.O. Box)  
 \_\_\_\_\_  
 Number & Street City State Zip+4 / Postal Code

(C) Mailing address, if different from Main address:  
 \_\_\_\_\_  
 PO Box or Number & Street City State Zip+4 / Postal Code

**1. Outgoing Designated Escrow Officer's Identifying Information:**

Escrow Officer License Number (*amendments only*) 540-EO-\_\_\_\_\_

(A) Full last, first and middle names:  
 \_\_\_\_\_  
 Last Name First Name Middle Name Suffix (if any)

(B) Current Residence Address (if different from employment address):  
 \_\_\_\_\_  
 PO Box or Number and Street City State Zip+4/Postal Code

(C) Telephone Numbers and email address:  
 \_\_\_\_\_  
 Business Phone Cell Phone (optional) Fax Line (optional) Email Address

**2. Incoming Designated Escrow Officer's Identifying Information:**

Escrow Officer License Number (*amendments only*) 540-EO-\_\_\_\_\_

(A) Full last, first and middle names:  
 \_\_\_\_\_  
 Last Name First Name Middle Name Suffix (if any)

(B) Current Residence Address (if different from employment address):  
 \_\_\_\_\_  
 PO Box or Number and Street City State/Country Zip+4/Postal Code

(C) Telephone Numbers and email address:  
 \_\_\_\_\_  
 Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

Escrow Officer License Number (*amendments only*) 540-EO-\_\_\_\_\_

Do you agree to personally manage the office indicated in this application?  YES  NO

**Individual's Acknowledgment & Consent:**

I swear or affirm that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this application shall be punishable as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

\_\_\_\_\_  
 Signature of Individual Date Printed Name of Individual Title

**APPLICANT IS HEREBY APPOINTED AS AN ESCROW OFFICER TO REPRESENT, ACT FOR AND IN BEHALF OF, THE ESCROW AGENT NAMED HEREIN.**

\_\_\_\_\_  
 Signature of Authorized Company Official Date Printed Name and Title of Authorized Company Official

**CHANGE OF DESIGNATED ESCROW OFFICER AND TRUST FUNDS  
RESPONSIBILITY FORM continued**

Date of Filing (MM/DD/YYYY): \_\_\_\_\_

Desired Effective Date (MM/DD/YYYY): \_\_\_\_\_

CHANGE OF DEO FOR:

MAIN OFFICE LOCATION

BRANCH OFFICE LOCATION

(A) Escrow Agent Company Name: \_\_\_\_\_

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

Escrow Agent License Number: **540-EA-**\_\_\_\_\_

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

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

\_\_\_\_\_  
PO Box or Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

**OUTGOING DESIGNATED ESCROW OFFICER:**

As of \_\_\_\_\_, I, \_\_\_\_\_, License No. \_\_\_\_\_,  
*Date Printed Name of Outgoing DEO Outgoing DEO*

for purposes of WAC 208-680-410, hereby list all outstanding liabilities of the trust account(s) maintained by the escrow agent as \$\_\_\_\_\_, and hereby certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

\_\_\_\_\_  
*Signature of Outgoing DEO*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City, State*

Optional: The reason for the departure of your outgoing DEO is:

Termination

Resignation or Retirement

Death

Other \_\_\_\_\_ (Attach explanation if desired)

**INCOMING DESIGNATED ESCROW OFFICER:**

As of \_\_\_\_\_, I, \_\_\_\_\_, License No. \_\_\_\_\_,  
*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 \$\_\_\_\_\_, and hereby certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

\_\_\_\_\_  
*Signature of Incoming DEO*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City, State*



**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'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 notification<sup>1</sup> 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.
- 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, 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.)

<b>Acknowledgment of receipt of privacy rights:</b>	
<i>I hereby certify that I have received notification of these privacy rights.</i>	
DATED this ____ day of _____, 20____, in _____, _____.	
Day	Month
City	State
_____ Signature of control person submitting a fingerprint card	_____ Print control person's name

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