

**ANNUAL ESCROW AGENT
DECLARATION OF EMPLOYEE STATUS**

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

FROM: _____
Escrow Agent Company Name

The undersigned, a principal officer of the above listed licensee, hereby declares that all owners, controlling persons, officers, designated escrow officer and branch designated escrow officer, and other persons subject to chapter 18.44 RCW, are either W-2 employees of the licensed escrow agent or are hired as independent contractors to provide escrow services for the licensed escrow agent.

The undersigned further declares that persons not W-2 employees or independent contractors are not providing escrow services for the licensee and have no involvement with the day-to-day operations of the escrow agent or escrow agent's trust account.

The undersigned acknowledges responsibility to notify the Department of any change of this information.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this ____ day of _____, 20__ in _____, _____
City State

Signature Contact Phone Number

Printed Name