



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 z Olympia, Washington 98504-1200
Telephone (360) 902-8703 z TDD (360) 664-8126 z FAX (360) 664-2258 z <http://www.dfi.wa.gov/cs>

ESCROW AGENT AMENDMENT APPLICATION

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

Please see the following 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) Submit fee of \$28.01 for each license that is being amended. (e.g.: Main office address change with DEO at main plus 1 branch and branch DEO = four licenses totaling \$112.04). You may combine fees into a single check made payable to "Washington State Treasurer."
- 3) File address change documents with the Dept. of Licensing to update your *Master Business License* and with the Secretary of State's Division of Corporations for your *Authority To Do Business*. DFI will verify information directly with these agencies.
- 4) Contact your insurance carrier to obtain an updated insurance certificate (E&O, Fidelity bond) and a Surety bond rider (if you have a surety bond) showing the new address. Submit the original certificates as well as the surety bond rider to DFI with this form.

NAME 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) Submit fee of \$28.01 for each license that is being amended. (e.g.: Main office name change with DEO at main plus 1 branch and branch DEO = four licenses totaling \$112.04). You may combine fees into a single check made payable to "Washington State Treasurer."
- 3) File name change documents with the Dept. of Licensing to update your *Master Business License* and with the Secretary of State's Division of Corporations for your *Authority To Do Business*. DFI will verify information directly with these agencies online. Note: You must check the availability of the desired new name with DFI as well as the Secretary of State's office. The Dept. of Licensing Master Business Licensing registers trade (dba) names as well. Please don't order signs, stationery, advertising, etc. until you have received confirmation from all agencies that your chosen name is available.
- 4) Contact your insurance carrier to obtain an updated insurance certificate (E&O, Fidelity bond) and a Surety bond rider (if you have a surety bond) showing the new name. Submit the original certificates (as well as the surety bond rider) to DFI with this form.

CHANGE OF OWNERSHIP OR PERSONNEL

- 1) A 100% transfer of assets would require a new escrow agent application, and this form would not apply.
- 2) Complete Escrow Agent 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.
- 4) See section 5 of the Escrow Agent Application. Any incoming individuals that fall under those categories must submit the Individual Background 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) Complete the Escrow Change of Control Form.
- 6) Submit fee of \$30.00, made payable to “Washington State Treasurer.”
- 7) Do not use this form for changes in escrow officers – only company personnel that fall under section 5 of the Escrow Agent Application. You must submit the Escrow Officer Application instead.

CHANGE OF DESIGNATED ESCROW OFFICER

Do not submit this form. For a change of Designated Escrow Officer you must submit the Escrow Officer Application. That application contains instructions for submitting a change of DEO.

CHANGE OF BUSINESS STRUCTURE

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

Reference Telephone Numbers

Secretary of State, Corporations Division	(360) 753-7115	www.secstate.wa.gov/corps
Department of Licensing, Master Business Licensing	(360) 664-1400	www.dol.wa.gov/mls/buslic.htm
Office of the Insurance Commissioner	(360) 753-7300	www.insurance.wa.gov
Office of the Attorney General	(360) 753-6200	www.atg.wa.gov
Escrow Association of Washington	(253) 864-3537	www.e-a-w.org

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 (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 DCS@dfi.wa.gov for additional assistance.

COMPANY FORM	ESCROW AGENT APPLICATION FORM	<input type="checkbox"/> MAIN OFFICE 1 ST LICENSE APPLICATION \$386.55
	Date of Filing (MM/DD/YYYY): _____ Desired	<input type="checkbox"/> BRANCH OFFICE APPLICATION \$386.55
	Effective Date (MM/DD/YYYY): _____	<input type="checkbox"/> MAIN OFFICE AMENDMENT <input type="checkbox"/> BRANCH OFFICE AMENDMENT
DFI License Number (<i>branch office and amendments only</i>) 540-EA-_____		

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:

(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)
_____	_____

(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 amendments only:** If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the *applicant* name (1A) or business trade name (1C): _____

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

_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code

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

_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code

(G) Telephone Numbers and Website:

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

(H) Other than the office in 1E, 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

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, 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 & Street	City	State / Province & Country	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 & Street	City	State / Province & Country	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 & Street	City	State / Province & Country	Zip+4 / Postal Code

(D) Registered Agent:

_____	(____)____-____ ext _____		
Name	Phone		
_____	_____	_____	_____
Number & Street	City	State / Province & Country	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 Washington State Department of Licensing, Business and Professions Division (360) 664-1400 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 Licensing 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 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 which includes a public records search and a fingerprint card.

<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, 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 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 Title

OWNERSHIP and PERSONNEL CHANGES	Applicant full legal name: _____	<input type="checkbox"/> CHANGE OF CONTROL
	Date: _____	<input type="checkbox"/> CHANGE OF OWNERSHIP
ESCROW CHANGE OF CONTROL APPLICATION FORM		<input type="checkbox"/> \$30 fee, made payable to "Washington State Treasurer"

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 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 personal credit reports – The following incoming individuals must attach and submit the **INDIVIDUAL BACKGROUND FORM**. *Individuals holding these positions of control must also provide a personal credit report (which includes a public records search) and a fingerprint card. 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.

<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)		

3. Fee of \$30, made payable to "Washington State Treasurer".

INDIVIDUAL BACKGROUND FORM	WASHINGTON ESCROW BIOGRAPHICAL STATEMENT AND CONSENT	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>
Date of Filing: _____ Effective Date: _____		

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

Corporations <input type="checkbox"/> Officer* (VP and above) <input type="checkbox"/> Directors <input type="checkbox"/> Principal* (10% or more) Percent owned: _____	Partnership <input type="checkbox"/> General Partners*	Sole Proprietorship <input type="checkbox"/> Owner* <input type="checkbox"/> Spouse of Owner	<input type="checkbox"/> Escrow Officer*	<i>* Individuals holding these positions of authority must also provide a personal credit report (which includes a public records search) and a fingerprint card. If a fingerprint card has been submitted within the past two years, they don't need to be resubmitted.</i>
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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) Gender Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth _____ (F) Country of Birth _____

(G) 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: _____

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

Last Name First Name Middle Name Suffix (if any)

(I) Employer Name (Escrow Agent): _____ Position: _____
 DFI License Number (**amendments only**) 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:
 () - ext () - () - _____
Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

(M) Drivers 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

TO WHOM IT MAY CONCERN

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 Department 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

