WASHINGTON ESCROW OFFICER LICENSE TRANSFER APPLICATION
READ INSTRUCTIONS BEFORE BEGINNING!

Note: The instructions and information contained herein are an integral part of the application. Please read them carefully, and follow the directions explicitly. Failure to follow the instructions completely may result in a rejection of your application as incomplete or delays in processing and issuance of a license. **We suggest you make a blank copy of all forms in this package before you begin. Please type or print clearly in dark ink.**

WHEN TO USE THIS APPLICATION FORM

Use this form if:

- your Escrow Officer license is currently on "inactive" status and you wish to reactivate it
- you are moving your Escrow Officer license from one Escrow Agent (company) to another
- you are changing positions within the same company (from EO to DEO or Branch DEO, etc.)
- your name has changed

If you have not yet taken the Escrow Officer Examination, contact DFI to request an Escrow Officer Examination Package. If you have passed the exam within the past year, but have not yet obtained a license, request an Escrow Officer License Application Package.

AVAILABLE ASSISTANCE

Please note that application packages are considered incomplete without all attachments. **If you need to request these forms in an alternate format (such as Braille, larger print, etc.), please contact our offices.** If you have any questions or require assistance in completing the enclosed application packet, you may request a pre-filing appointment with one of our licensing staff. **Please mail your completed application package, together with all attachments, and a check for application fee payable to the "Washington State Treasurer" to:**

Department of Financial Institutions, Division of Consumer Services

Mailing:	PO Box 41200 Olympia, WA 98504-1200	Physical:	150 Israel Rd SW Tumwater, WA 98501

Visit our web site at www.dfi.wa.gov

Phone: (360) 902-8703 Fax: (360) 664-8126 TDD: (360)664-8126

REFERENCE PHONE NUMBERS

Office of the Attorney General	(360) 753-6200	Master Business Licensing	(360) 664-1400
Secretary of State, Corporations Division	(360) 753-7115	Insurance Commissioner	(360) 753-7300
Escrow Association of Washington	(253) 864-3537	Limited Practice Officers Board	(360) 357-2404

WASHINGTON STATUTES, RULES, OPINIONS, AND POLICY

Escrow Officers are expected to be well versed in all sections of the Escrow Agent Registration Act, and the rules and opinions thereof. A copy of RCW 18.44, ("the Act"), and WAC 208-680, ("the rules"), are enclosed for your benefit. Additional copies of the Act and the rules (as well as other Washington State laws) may be obtained by contacting the Office of the Code Reviser at (360) 753-6804, or review on the Internet from http://www.access.wa.gov.

Opinions considered to be of import to the majority of Escrow Officers, or those policies expected to be of general knowledge by the industry, will be forwarded to all licensees as issued. You may view them at our website, or fax requests for copies of opinions or policy statements. For a fee, you may request an opinion or clarification of a specific issue by writing the Division.

REQUIRED ATTACHMENTS

1) Personal credit report, including a public records search, pulled within two years. {WAC 208-680B-010}
2) DFI will submit a Conviction History Request to the Washington State Patrol.
3) Surrender previous original license (unless currently "inactive")
4) Copy (not original) of legal document (e.g. marriage certificate) to support name change (if applicable)
5) Transfer fee, made payable to the "Washington State Treasurer." $26.54
6) Verification of coverage by Agent's insurance (E & O, Fidelity bond).

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

ESCROW OFFICER TRANSFER APPLICATION

PLEASE CHECK APPLICABLE BOXES **LICENSE NUMBER:** _____

☐ **ESCROW OFFICER**

☐ Transfer to Different Escrow Agent Co.
☐ Transfer to Branch Designated Escrow Officer
☐ Transfer to Designated Escrow Officer
☐ Re-activate License (EO status)

☐ **DESIGNATED ESCROW OFFICER**

☐ Transfer to Different Escrow Agent Co.
☐ Transfer to Branch Designated Escrow Officer
☐ Transfer to Escrow Officer
☐ Re-activate License(DEO or Br DEO status)

☐ Re-issue Due to Officer's name change (attach copy of legal document granting name change)

OFFICER NAME: _____
Last *First* *Middle*

ESCROW AGENT COMPANY NAME: _____

TRADE NAME_____ LICENSE #_____
"doing business as"

PHYSICAL ADDRESS: _____
Location of appointment

_____
City *County* *State* *Zip*

_____
Phone *Fax* *e-mail address*

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

_____ _____
Signature of Controlling Person at Escrow Agent Company [per WAC 208-680C-045(2)(a)] *Date*

SIGNATURE AND OATH OF APPLICANT

I hereby swear and 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 punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

_____ _____
Signature of Licensed Escrow Officer *Date*

ESCROW OFFICER BACKGROUND FORM

Individual's Position:

☐ Escrow Officer ☐ Designated Escrow Officer ☐ Branch Designated Escrow Officer

NAME OF COMPANY:_____

INDIVIDUAL INFORMATION:

_____

Last Name *First Name* *Full Middle Name*

Date of Birth_____ Social Security Number_____

Drivers License Number_____ State issued_____

If the individual has used any other names, SS#, or date of birth, list below:

_____

INDIVIDUAL'S RESIDENCE_____

_____

City *County* *State* *Zip*

_____

Phone *Fax* *e-mail address*

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.

A copy of this authorization shall be accepted with the same force and validity as the original.

_____

Signature Date

NAME OF COMPANY:_____

_____

Individual's Last Name *First Name* *Full Middle Name*

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1. Are you a bona fide resident of the state of Washington?
   ( ) Yes ( ) No

2. With the exception of motor vehicle violations, 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? If yes detail on a separate page. (NOTE: If you have been convicted of a crime, you will be subject to an investigation, and you may be denied a license.)
   ( ) Yes ( ) No

3. 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? If yes detail on a separate page.
   ( ) Yes ( ) No

4. 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? If yes detail on a separate page.
   ( ) Yes ( ) No

5. 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? If yes detail on a separate page.
   ( ) Yes ( ) No

6. 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?
   ( ) Yes ( ) No

7. Do you agree to personally manage the office indicated in this application? (For DEO or Branch DEO only)
   ( ) Yes ( ) No