



ESCROW AGENT LICENSE APPLICATION FORM

Rev 09/2004

Real Estate Agency
 1177 Center Street NE
 Salem OR 97301
 Phone: 503-378-4170
 www.rea.state.or.us

SECTION A		INSTRUCTIONS	
Return this completed application to the Real Estate Agency along with payment of the required license application fee. Refer to License Application Instructions for list of other items required as part of the license application.			
SECTION B		APPLICANT	
Applicant Name _____			
Assumed Business Name (if any) _____		Main Office Phone _____	
Main Office Address _____		Main Office Fax _____	
Mailing Address (if different) _____		Fiscal Year End _____	
SECTION C		CONTACT PERSON	
Identify a person to respond to Agency inquiries regarding this application and the applicant's escrow business.			
Name _____	Daytime Phone _____	Fax _____	
Address (if different than main office) _____		E-mail Address _____	
SECTION D		OWNERS/OFFICERS	
Name each person who has more than five percent ownership interest in the escrow agency and the corporate officers in direct control of escrow operations. Attach an additional sheet, if necessary. Each of these individuals must complete a background check application.			
Owner/Officer _____	Owner/Officer _____		
Owner/Officer _____	Owner/Officer _____		
Owner/Officer _____	Owner/Officer _____		
Owner/Officer _____	Owner/Officer _____		
SECTION E		PAYMENT	
Fee is \$300 plus \$150 for each branch. Payment may be made by check or money order payable to the Real Estate Agency or by credit card (VISA or MasterCard). Do not send cash. Complete this section to pay by credit card.			
<input type="checkbox"/>	<input type="checkbox"/>	Card # _____	Expiration Date (mo/yr) _____ / _____
Billing Address _____		Signature Authorizing Credit Card Payment _____	
Office Use Only	Escrow Org License # _____	Branches License # _____	
	Issue Date _____	License # _____	
	Expire Date _____	License # _____	

ESCROW AGENT LICENSE APPLICATION FORM, continued

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SECTION F PRINCIPALS

Complete the information below for all persons interested in the business as principals, partners, elected officers, trustees and directors. Attach an additional sheet if needed.

1	Name	Capacity & Title
	Residence Address	Business Address
2	Name	Capacity & Title
	Residence Address	Business Address
3	Name	Capacity & Title
	Residence Address	Business Address
4	Name	Capacity & Title
	Residence Address	Business Address

SECTION G BRANCH OFFICES

List each branch office below. Attach additional sheets if needed.

1	Branch Office Address		
	Mailing Address (if different)		
	Branch Manager	Branch Phone	Branch Fax
2	Branch Office Address		
	Mailing Address (if different)		
	Branch Manager	Branch Phone	Branch Fax

SECTION H AUTHORIZED APPLICANT SIGNATURE

I certify under penalty of law that all information in this application is complete and correct to the best of my knowledge. I understand that the escrow agent applicant and, when licensed, escrow agent licensee, must immediately notify the Real Estate Agency of any changes to information contained in this application or in the ownership of the business.

Name of Applicant (or authorized signer)	Signature of Applicant (or authorized signer)	Date
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