



ESCROW AGENT BRANCH OFFICE REGISTRATION FORM

Rev 3-2010

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

SECTION A INSTRUCTIONS

- 1) To register a new branch office, return this completed branch office registration form to the Real Estate Agency, within five (5) calendar days of the change, along with payment of the required fee.
- 2) Registration will be effective on the date the Agency receives the completed form and payment, unless a later date is requested. Must be within seven (7) days of receipt by the Agency.
- 3) The Agency will send a letter for your records confirming the branch address and providing a permanent branch identification number.
- 4) Original signatures are required. Faxes are not accepted.
- 5) Payment may be made in the form of check, money order or credit card (VISA or MasterCard). Complete Section D to pay by credit card.

SECTION B ESCROW AGENT INFORMATION

Name of Escrow Agent (please print)	License Number
Main Office Address	Main Office Phone
Mailing Address (if different)	Main Office Fax

SECTION C NEW BRANCH OFFICES

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

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

SECTION D PAYMENT

Fee is \$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	<u>Branches</u>
	License # _____	License # _____
	Issue Date _____	License # _____
	Expire Date _____	License # _____

ESCROW AGENT BRANCH OFFICE REGISTRATION FORM, continued

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SECTION E AUTHORIZED CONTACT PERSON		
Identify a person to respond to Agency inquiries regarding this registration form.		
Name	Title	
Address (if different than main office)		
Daytime Phone	Fax	E-mail Address

SECTION F AUTHORIZATION		
By signing below, I certify under penalty of law that I have the authority to request this action. I hereby request the above change.		
Name of Authorizing Individual (please print)	Title	
Signature of Authorizing Individual	Date	