



ESCROW AGENT LICENSE CHANGE APPROVAL APPLICATION 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

Return this completed change approval application to the Real Estate Agency. Refer to Escrow Agent License Change Approval Application Instructions for list of other items required as part of the license change approval application.

SECTION B ESCROW AGENT INFORMATION

Name of Escrow Agent (please print)		License Number
Assumed Business Name (if any)		Main Office Phone
Main Office Address		Main Office Fax
Mailing Address (if different)		Fiscal Year End

SECTION C AUTHORIZED CONTACT PERSON

Identify a person to respond to Agency inquiries regarding this application and the applicant's escrow business.

Name		Title
Address (if different than main office)		
Daytime Phone	Fax	E-mail Address

SECTION D OWNERS/OFFICERS/INDIVIDUALS

Name each person who will have more than five percent ownership interest in the escrow agency, the corporate officers and individuals who will be in charge of escrow operations. Attach an additional sheet, if necessary. Each of these individuals must complete a criminal records check application.

	Name	Capacity & Title	Daytime Phone
1			
2			
3			

SECTION E CURRENT OWNERS/OFFICERS/INDIVIDUALS TO BE REMOVED

Name/Title	Name/Title
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SECTION F AUTHORIZED SIGNATURE

I certify under penalty of law that all information in this application is complete and correct to the best of my knowledge and that I have the authority to request this action. I understand that the escrow agent must immediately notify the Real Estate Agency of any changes to information contained in this application or prior to any changes in the ownership of the business.

Name of Authorized signer		Title
Signature of Authorized signer		Date