



# ESCROW AGENT LICENSE 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 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	Federal Tax ID Number
Assumed Business Name (if any)	Main Office Phone
Main Office Address	Main Office Fax
Mailing Address (if different)	Fiscal Year End
Website Address (if applicable)	

## SECTION C BRANCH OFFICES



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

<b>1</b>	Branch Office Address		
	Mailing Address (if different)		
	Branch Manager	Branch Phone	Branch Fax

<b>2</b>	Branch Office Address		
	Mailing Address (if different)		
	Branch Manager	Branch Phone	Branch Fax

## SECTION D 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	

<b>Office Use Only</b>	Escrow Org _____	Branches _____
	License # _____	License # _____
	Issue Date _____	License # _____
	Expire Date _____	License # _____

# ESCROW AGENT LICENSE APPLICATION FORM, continued

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SECTION E 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 F OWNERS/OFFICERS/INDIVIDUALS			
Name each person who has more than five percent ownership interest in the escrow agency, the corporate officers and individuals in charge of escrow operations. Attach an additional sheet, if necessary. Each of these individuals must complete a criminal records check application.			
1	Name	Capacity & Title	Daytime Phone
2	Name	Capacity & Title	Daytime Phone
3	Name	Capacity & Title	Daytime Phone
4	Name	Capacity & Title	Daytime Phone

SECTION G 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 and that I have the authority to request this action. 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 prior to any changes in the ownership of the business.		
Name of Applicant (or authorized signer)	Title	
Signature of Applicant (or authorized signer)	Date	