

## Escrow Agent License Application Instructions

To apply for an Oregon Escrow Agent license, the following items must be submitted to the Oregon Real Estate Agency.

1. Cover letter. Include a description of the general plan and description of the character of the business. Describe the history of the formation of the escrow business, including when the business was established.
2. Application form. Complete the Escrow Agent License Application Form. The form also is available on the Agency's website at [https://www.oregon.gov/rea/Escrow/Pages/Escrow\\_Forms.aspx](https://www.oregon.gov/rea/Escrow/Pages/Escrow_Forms.aspx). An applicant may be a corporation, partnership or individual. Any corporation or partnership, and any assumed business name to be used in escrow activity, must be registered with the Secretary of State Corporation Division, phone 503-986-2200 or [sos.oregon.gov](https://sos.oregon.gov) and must provide additional documentation. Refer to OAR 863- 049-0015(e), (f) & (g)
3. License fee. \$450 plus \$225 per branch office, payable upon application. Escrow licenses renew annually, expiring on June 30th of each year, regardless of when the license is issued. Renewal fees are \$450 for the escrow agent license plus \$225 per branch office license.
4. Bonding. The minimum bonding level is \$50,000; for bonding requirements related to the take-over of an existing escrow agent, contact the Agency. The form [Bond of Escrow Agent](#) is available through the preceding link or on the Agency's website at [https://www.oregon.gov/rea/Escrow/Pages/Escrow\\_Forms.aspx](https://www.oregon.gov/rea/Escrow/Pages/Escrow_Forms.aspx). A deposit in lieu of bond is acceptable. Refer to ORS 696.525 and 696.527.

*Note: We suggest determining the availability of the escrow bond before proceeding with other areas of the application.*

5. Financial statement. Balance sheet and income statement must be in accordance with generally accepted accounting principles (GAAP) and prepared by a certified public accountant.
6. Documentation of experience. Signed resumé(s) of the applicant (if an individual) or the applicant's personnel (if not an individual) detailing experience in the administration of escrows. Include names of former employers, dates employed, and duties. Refer to ORS 696.511(3) and (4), OAR 863-049-0015(b)(C), 863-049-0020(b)(C).
7. Criminal records check. A criminal records check application, fingerprint card and \$47 criminal records check fee must be submitted by:

Each person who has more than five percent ownership interest in the escrow agency; and

The corporate officers in direct control of escrow operations; and

The individuals in direct control of escrow operations

Please contact us if additional criminal records check applications and fingerprint cards are needed.

An Escrow Agent license may be issued only after all of the above items are received and approved by the Agency. If you have questions, please contact our Agency at (503) 378-4170.



# ESCROW AGENT LICENSE APPLICATION FORM

Rev 02/2020

Real Estate Agency  
530 Center Street NE Ste 100  
Salem OR 97301  
Phone: (503) 378-4170  
www.oregon.gov/rea

## SECTION A INFORMATION

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<br><input type="text"/>                  |  | Federal Tax ID Number<br><input type="text"/> |
| Assumed Business Name (if any)<br><input type="text"/>  |  | Main Office Phone<br><input type="text"/>     |
| Main Office Address<br><input type="text"/>             |  | Main Office Fax<br><input type="text"/>       |
| Mailing Address (if different)<br><input type="text"/>  |  | Fiscal Year End<br><input type="text"/>       |
| Website Address (if applicable)<br><input type="text"/> |  |   |

## SECTION C BRANCH OFFICES

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

|   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| 1 | Branch Office Address<br><input type="text"/>          |                                      |                                    |
|   | Mailing Address (if different)<br><input type="text"/> |                                      |                                    |
|   | Branch Manager<br><input type="text"/>                 | Branch Phone<br><input type="text"/> | Branch Fax<br><input type="text"/> |

|   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| 2 | Branch Office Address<br><input type="text"/>          |                                      |                                    |
|   | Mailing Address (if different)<br><input type="text"/> |                                      |                                    |
|   | Branch Manager<br><input type="text"/>                 | Branch Phone<br><input type="text"/> | Branch Fax<br><input type="text"/> |

## SECTION D PAYMENT

Fee is \$450 plus \$225 for each branch. Payment may be made by check or money order, payable to the Real Estate Agency, or by credit card (VISA, MasterCard or Discover). Do not send cash. Complete this section to pay by credit card.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover | Card Number<br><input type="text"/>     | Exp. Date (mm/yy)<br><input type="text"/>         |
| Name exactly as shown on card<br><input type="text"/>   | Billing Address<br><input type="text"/> | Phone Number<br><input type="text"/>              |
| Authorized Signature<br><input type="text"/>  |   | Email Address for receipt<br><input type="text"/> |

|                 |                   |                 |
|-----------------|-------------------|-----------------|
| Office Use Only | Escrow Org _____  | Branches _____  |
|                 | License # _____   | License # _____ |
|                 | Issue Date _____  | License # _____ |
|                 | Expire Date _____ | License # _____ |

Licensing Fees (\$450 and \$225) – 429  
Fingerprint Fees \$47 - 430

# ESCROW AGENT LICENSE APPLICATION FORM, continued

Rev 02/2020

| SECTION E AUTHORIZED CONTACT PERSON  |   |  |
|--|---|--|
| Identify a person to respond to Agency inquiries regarding this application and the applicant's escrow business. |   |  |
| Name<br><input style="width: 95%;" type="text"/>   | Title<br><input style="width: 95%;" type="text"/> |  |
| Address (if different than main office)<br><input style="width: 95%;" type="text"/>                              |   |  |
| Daytime Phone<br><input style="width: 95%;" type="text"/>  | Fax<br><input style="width: 95%;" type="text"/>   | E-mail Address<br><input style="width: 95%;" type="text"/> |

| 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. |  |  |  |
|   | Name                                     | Capacity & Title                         | Daytime Phone                            |
| 1   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
|   | Name                                     | Capacity & Title                         | Daytime Phone                            |
| 2   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
|   | Name                                     | Capacity & Title                         | Daytime Phone                            |
| 3   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
|   | Name                                     | Capacity & Title                         | Daytime Phone                            |
| 4   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| SECTION G AUTHORIZED APPLICANT SIGNATURE  |   |
|---|---|
| I certify under penalty of law that:  |   |
| <ul style="list-style-type: none"> <li>- The information in this application is complete and correct to the best of my knowledge.</li> <li>- I have the authority to submit this application on behalf of the Applicant.</li> </ul> |   |
| I acknowledge that, before and after licensure, the Applicant must notify the Real Estate Agency of any changes:  |   |
| <ul style="list-style-type: none"> <li>- To the information provided in this application.</li> <li>- In ownership of the business prior to the change.</li> </ul>   |   |
| Name of Applicant (or authorized signer)<br><input style="width: 95%;" type="text"/>  | Title<br><input style="width: 95%;" type="text"/> |
| Signature of Applicant (or authorized signer)<br><input style="width: 95%;" type="text"/>   | Date<br><input style="width: 95%;" type="text"/>  |