Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.
  Refer to the instructions & checklist provided

Make all checks payable to:
"Arizona Department of Financial Institutions"
and
Mail the entire completed application packet all together to:
Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make copies of your entire application package before submission:

- The Department cannot make copies for you.

  and

- If there are questions during the processing of your application, you will have the information available for reference.

Instructions For License Application Under A.R.S. §6–801, *et seq*.
Licensing year is October 1 through September 30. Application fee is $1,500.00

To Submit an Application to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and the approved copy(s) attached to your application.

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov

If you wish to apply as a/an:

Corporation: Contact the Arizona State Corporation Commission. They will assist you in your incorporation. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

Foreign Corporations: Contact the Arizona State Corporation Commission, if your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: Contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

Partnerships: Limited Partnership's or Foreign Limited Partnership's need to contact the Secretary of State. You *must* provide an approved copy of your partnership agreement.

Individual / Sole Proprietorship: Must use his or her own name.

DBA/Trade Name: Contact the Secretary of State if you wish to do business under a "DBA" or a "trade name," you must register your DBA or trade name. You *must* submit a copy of your certificate of trade name registration with your application.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

• Application

Complete all forms: Do not leave any questions unanswered. If a question does not apply to you (N/A) or if the answer to the question is 'none' so state on the application. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records**,** this department will not provide them for you**.** You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and only for the location(s) at which you have been licensed.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review these *Instructions* and the *Checklist* provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the

processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

License Issued: A license issued prior to or on the renewal date must renew for the new licensing year. You may choose to delay the issuance of the license until October 1 if you submit your application no more than forty-five (45) days prior to the new licensing year and your written request of postponement accompanies your application.

• You must provide the following:

Verification of licenses issued by other states: If applicant holds like or similar licenses from other states, you will need to provide the Department with an enclosed Certification by Licensing Agency/Supervisory Board form from each of those states. Complete A & B of this form and forward to the regulatory authorities of those states enclose a stamped envelope addressed to this agency.

Bond: A continuous surety bond *must* accompany your application. See sample bond. The surety bond must be in the amount of $100,000.00. The licensee as principal and a surety company that is authorized to do business in this state must execute this bond. Your insurance company can assist in obtaining the bond. In lieu of a bond, a certificate of deposit can be substituted in some circumstances. Refer to statutes for more information concerning the requirements for the certificate of deposit.

Financials: The applicant *must* provide the Superintendent with a current original bound audited financial statement prepared by an independent Certified Public Accountant in accordance with GAAP. This must include; the accountant's opinion, statement of operations and retained earnings and a statement of changes in financial position. It must also include notes to the financial statement, if applicable. In the event the financial statement was prepared more than three (3) months before the application date, you must also submit a balance sheet prepared within the previous three months which has been certified by the applicant.

Personal Financial Statement: Each owner of the applicant must complete this form.

Arizona Escrow Recovery Fund: Arizona law has established an Arizona Escrow Recovery Fund. Question 9 on the application asks you to provide your general business plan and the character of your business and to select the category that describes your business. For purposes of answering Question 9A the statutory definition of "Real Property Escrow Agent" is provided here:

> "Real Property Escrow Agent" means an escrow agent that is also a title insurer or title insurance agent licensed under Title 20 and any wholly-owned subsidiary of the real property escrow agent that is a licensed escrow agent but is not a title insurer or title insurance agent licensed under Title 20.

Real Property Escrow Agents: Anyone seeking a new license as a real property escrow agent is required to make a one-time contribution of five thousand dollars ($5,000.00) into the fund.

Subsequently, payments must be made into the fund on a quarterly basis calculated as 3% of the gross escrow fees charged by every Real Property Escrow Agent for closing any sale, loan transaction or account servicing. The quarterly payments into the fund must continue for a minimum of two years.

Other Escrow Agents: If you have selected "Other" as the response to Question 9A, you are required to make a one-time contribution in the amount of five hundred dollars ($500.00) into the fund.

Subsequently, payments must be made into the fund on a quarterly basis calculated as follows:

1.25% of gross account servicing fee income,
1.25% of gross other escrow fee income,
1.00% of gross trustee and foreclosure fee income,
or two hundred fifty dollars ($250.00) whichever is greater.

The quarterly payments into the fund must continue for a minimum of 2 years.

Business Plan & Meeting: Please include a general business plan with your application. Prior to the issuance of the license, a meeting with principals of this Department may be required. The Department will contact you to arrange a mutually acceptable time.

Personal History Statement (PH) and Fingerprint Card (FP): If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company, Partnership or Joint Venture must complete the PH and FP. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. Do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. Prior to submitting a completed application, you will need to request the appropriate number of fingerprint cards from this website. Fingerprint fees must be submitted on a separate check from all other fee types.

Fees: The non-refundable fifteen hundred dollar ($1500) application fee and the twenty nine dollar ($29.00) fingerprint processing fee for each fingerprint card must be submitted together with the completed application forms. You will be notified by this department at the time of license approval to submit the appropriate pro-rated licensing fee.

• Other Information

Please keep this information for quick reference

The licensee is responsible for timely submission of the following:

Changes To License: The licensee is required to notify this department at the time changes are being made regarding the license (i.e. licensee name, address, office closure, bond, change of control, top five officers/trustees/partners/directors/owners). See our website under licensing click on Information about Changes to your License for a list of items required to complete the change you need made.

Semi–Annual Financial Statement: In accordance with A.R.S. §6–832(B), see the Semiannual Financial and Escrow Report Statement this is the required form to be completed as of 6/30 and 12/31 of each year. Every escrow agent must make and file such report within 45 days of the noted dates. It will not be our practice to remind you of this report or send out new forms semiannually, so please keep a copy of this form or download one from our website from the original application packet and institute procedures to ensure timely submission of your future reports. Failure to file an original of this report within the prescribed time frame will result in the assessment of a penalty of twenty-five dollars for each day of delinquency.

Annual Audit Report: In accordance with A.R.S. §6–832(A), the records of each escrow agent shall be audited at least once each fiscal year by a certified public accountant. The audit shall include an audit of the escrow, account servicing and subdivision trust activities of the escrow agent and shall follow generally accepted accounting principles. An original bound audit financial report shall be filed with the superintendent not more than one hundred twenty days after the end of the escrow agent's fiscal year.

Renewal Applications: Are mailed out 30 to 45 days before your renewal date. It is suggested that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal and fees are received by this department on or before the date of suspension of your license.

Branch Offices / Locations: If you wish to maintain one or more locations in addition to a principal place of business, you must first obtain a branch office license and designate a person to oversee the operations of that office. Branch office applications can be downloaded from this website.

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Staple each individual set of forms together.
Do not bind together the Application Packet.

- ☐ One check for the $1,500 application fee.
- ☐ and one check for the total number of fingerprint cards
  $29.00 fee per fingerprint card (# Of Cards _____ x $29.00 = $ _____)
- ☐ Deposit to Arizona Escrow Guarantee Fund (separate check)
- ☐ Application (signed and notarized)
- ☐ W-9 Form/Request for taxpayer identification
- ☐ Surrender Agreement (signed and notarized)
- ☐ General Business Plan
- ☐ Original Bond (signed and notarized by surety and applicant)
- ☐ Original bound current audited financial statement for applicant ☐ Balance Sheet (if applicable)

The following items if applicable

- ☐ Original Bound Audited Financial Statement on Parent Company ☐ Signed Balance Sheet
- ☐ Personal Financials on the Individuals who own the company
- ☐ Articles Of Incorporation (Approved Copy) ☐ Amendments
- ☐ Articles Of Organization (Approved Copy) ☐ Amendments
- ☐ Foreign Authority (Approved Copy)
- ☐ Trade Name Certificate (Approved Copy)
- ☐ Partnership or Joint Venture Agreement (Approved Copy)

For each of the top 5 officers, owners, partners, shareholders and the individual overseeing Arizona operations

- ☐ Personal History Statements (Signed and Notarized in Both Locations)
- ☐ Driver License Copies (Legible)
- ☐ Fingerprint Cards (Top Portion Identification Data Must Be Completed)
- ☐ Letter Of Explanation for Derogatory Credit and/or Criminal History Issues (if applicable)

Did you remember to:

- ☐ Send out certification by licensing agency/supervisory board form for licenses held in other states
- ☐ Answer all questions on all forms or complete with “None” or “NA”
- ☐ Sign and notarize all documents where applicable
- ☐ Make copies of the completed application packet for your records
- ☐ Legible print or type all information on all documents
- ☐ Include all documents required before submitting application packet

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State's information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI's scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled "Employer and Address". The Department will enter this information.
- Do not enter any information in the block entitled "Reason Fingerprinted". The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

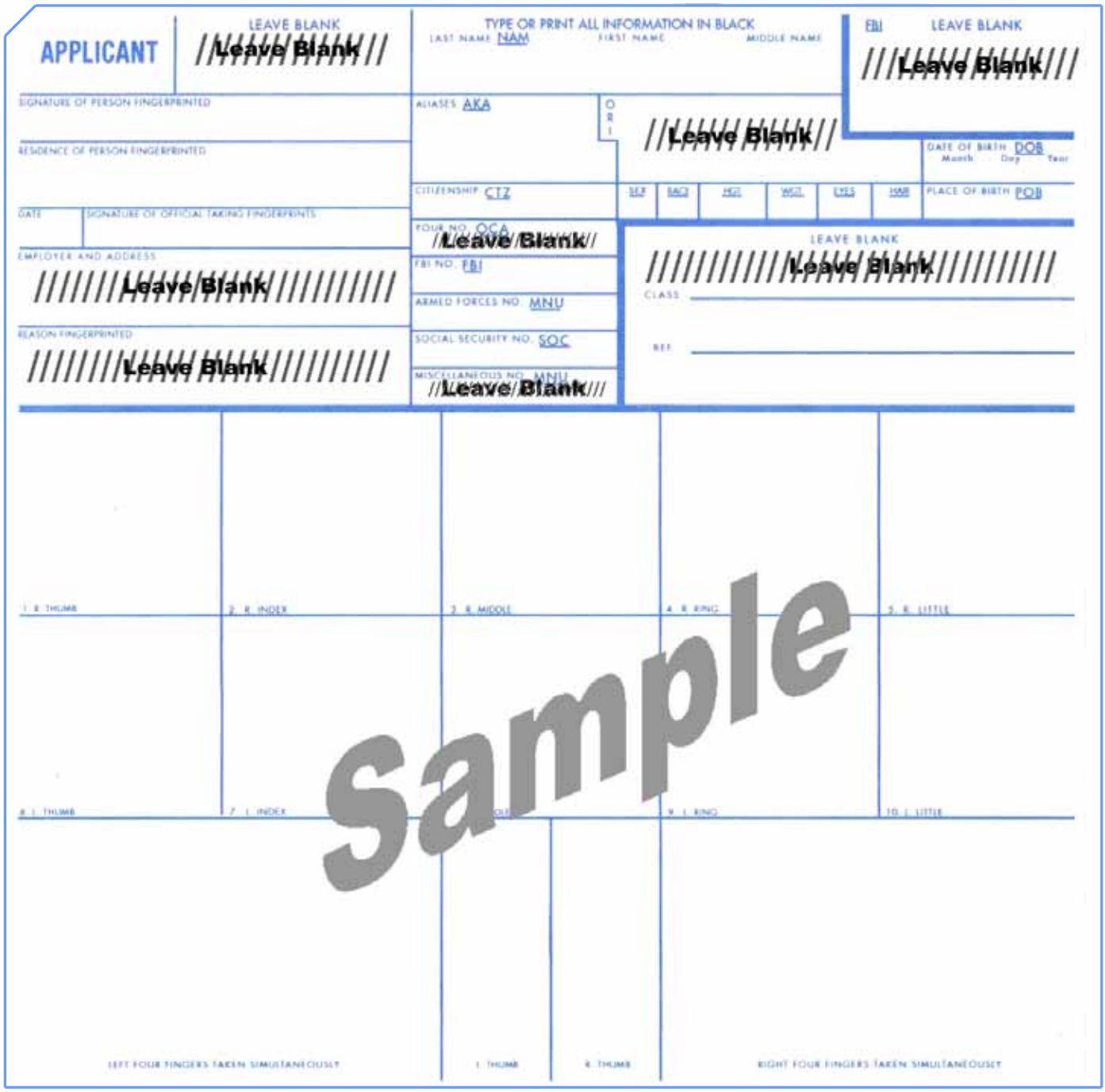
Make check payable to: Arizona Department of Financial Institutions

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "**Leave Blank**". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



Escrow Agent Application

Bond

BOND NO._____

KNOW ALL MEN BY THESE PRESENTS, That we,_____ _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of $_____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutionsof the State of Arizona for license as a Escrow Agent within the meaning of Title 6, Chapter 7, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 7, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____
(Company Name)

_____
(Print Name of Principal Officer)

By: _____
Signature of Principal Officer

COUNTERSIGNED:
If applicable

_____
(Name of Surety Company)

BY: _____
Arizona Resident Agent

By:_____
Signature of Surety Company

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

_____
(Name of Company)

By: _____ *(print)* _____
(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____
(City and State)

_____
Notary Public

My Commission expires _____

Legibly Print Or Type All Information
Do not leave any blank spaces- there must be an answer provided for each inquiry
Therefore, if not applicable use "None" or "N/A"
Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

To The Superintendent of Financial Institutions

1. _____
(Corporate title, trade or individual name under which business is to be operated) hereby applies for a license to engage in and carry on the business of an **Escrow Agent**, pursuant to the provisions of Title 6, Chapter 7, Arizona Revised Statutes.

2. Filling Status (check one):
☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual ☐ Business Trust

3. If applicable: a. State Incorporated _____ and date____/____/____
b. Date of foreign authorization to conduct business in Arizona ____/____/____
c. Date of most recent annual filing with the Arizona Corporation Commission ____/____/____

4. Tax ID# _____

5. _____
Physical address (street, city, state & zip) of principal office or where business it to be conducted.
(____) ____-_____ (____) ____-_____ (____) ____-_____
Telephone No. Fax No. Toll Free No.
_____
Business: Web Page Address and E-mail Address

6. _____
Mailing address if different from number 5 above.
(____) ____-_____ (____) ____-_____ (____) ____-_____
Telephone No. Fax No. Toll Free No.

7. _____
Address (street, city, state & zip) of corporate office if different from number 5 Above.
(____) ____-_____ (____) ____-_____ (____) ____-_____
Telephone No. Fax No. Toll Free No.

8. _____
Name, address and telephone number of parent company, if applicable.
(____) ____-_____ (____) ____-_____ (____) ____-_____
Telephone No. Fax No. Toll Free No.

9. State the general business plan and character of the business operation:
_____
_____
_____
_____
_____

10. Show ownership interests *must* equal 100%, shareholders and applicable number of shares if a corporation or partners if a partnership, members if a limited liability company. Express ownership as a percentage.

Name of Owner	Percent	Name of Owner	Percent

b. Show other Arizona business interests of the persons named above, if any, and the capacity of the interests.

_____

_____

_____

_____

11. Complete the following for the applicant thereof if an individual, for each of the principal officers and directors thereof if a corporation, trustees thereof if a business trust, partners thereof if a partnership, managing agent and any other persons having an interest therein.

a. _____
Capacity/Title Name Years in Business

_____ ( ) -
Business Address Telephone

Describe your experience in the Escrow Agent business: _____

_____

_____

b. _____
Capacity/Title Name Years in Business

_____ ( ) -
Business Address Telephone

Describe your experience in the Escrow Agent business: _____

_____

_____

c. _____
Capacity/Title Name Years in Business

_____ ( ) -
Business Address Telephone

Describe your experience in the Escrow Agent business: _____

_____

_____

d. _____
Capacity/Title Name Years in Business

_____ ( ) -
Business Address Telephone

Describe your experience in the Escrow Agent business: _____

_____

_____

12. _____
Name of Arizona operations manager

_____
Business address City State Zip

( ) - ( ) - ( ) -
Telephone No. Fax No. Toll Free No.

13. Location of Branch Offices if any: Download the branch application and complete for each branch location and attach.
Address City State Zip Telephone No.

a. _____

b. _____

c. _____

d. _____

14. Check the category that describes your business. "Real Property Escrow Agent" means an escrow agent that is also a title insurer or title insurance agent licensed under Title 20 and any wholly-owned subsidiary of the real property escrow agent that is a licensed escrow agent but is not a title insurer or title insurance agent licensed under Title 20. (see instructions page for definition)
☐ Real Property Escrow Agent OR ☐ Other

15. Provide information below for your title insurance policy underwriter(s):

_____ ( ) -
a. Name of underwriter Telephone No.

_____
Address City State Zip

_____ ( ) -
b. Name of underwriter Telephone No.

_____
Address City State Zip

_____ ( ) -
c. Name of underwriter Telephone No.

_____
Address City State Zip

16. _____ ( ) -
Statutory Agent Name Address City State Zip Telephone No.

17. _____
Name and address of Certified Public Accountant firm or agency which audits your financial records.

b. Your fiscal year end is: MO / Day

18. Has applicant or any officer, director, member, partner, trustee, of the applicant;

a. been convicted of a criminal offense other than minor traffic violations? ☐ Yes ☐ No
b. been sued in a civil action within the last fifteen years? ☐ Yes ☐ No
c. had a final judgment issued against him/her in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
d. filed bankruptcy within the last fifteen years? ☐ Yes ☐ No
e. had an order entered against him/her, been indicted, been informed against or found guilty in connection with, fraud, deceit or misrepresentation, forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses, by an administrative agency of this state, the federal government, or any other state or territory of the United States? ☐ Yes ☐ No

Complete details must be furnished if you answered yes to any of the aforementioned (18 a, b, c d or e).

19. Please list below all occupational or professional licenses the applicant, any officer, director, trustee, member or partner holds or has held, which have been issued by any State or the Federal Government.

Type of License	Name of License	Name/Address Lic. Agency	Issue Date	Type of Action	Date Action	Exp Date

20. Please list below all occupational or professional licenses the applicant, any officer, director, trustee, member or partner holds or has held, which have been refused, denied, revoked or suspended by any State or the Federal Government.

Type of License	Name of License	Name/Address Lic. Agency	Issue Date	Type of Action	Date Action	Exp Date

21. Designated contact coordinator for this application process will be:

_____
Name complete mailing address

_____
Direct phone number direct fax number

Must be signed by an officer and notarize

Affidavit

STATE OF _____)
) ss.
COUNTY OF _____)

Print officer name _____ being duly sworn, depose and say that I have signed the foregoing application as (print officer's official capacity) _____ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application, that the information contained therein is true, that the applicant is not insolvent and in all other ways meets the condition of licensing as prescribed in Title 6, Chapter 7, Arizona Revised Statutes.

_____ _____
Date Officers Signature

Subscribed and sworn to me this _____ day of _____, 20 _____

_____ _____
My Commission Expires (Notary Signature)

Reference/Questionnaire on Applicant

Applicant – Legibly complete Section A & B of this form then forward to the regulatory authorities of those states where you are currently licensed or certified.
Enclose for each state, a stamped envelope addressed to this agency (see address at bottom of this page)

A. Arizona Applicant Name and Address:

Dear Fellow Regulators: Please respond to the following questions and return the completed form to the address stated below as soon as possible. The above named company has made application to conduct business in Arizona as an Escrow Agent. Below the applicant has stated that they are registered/regulated by your state as:

B. Company Name:_____

Licensed / Registered as a:_____License # _____

Issued date:_____Expiration date:_____

1. Is the information in section B above accurate? _____ If not please print the accurate information here. ___

_____

2. Is there now or has there ever been any action commenced against the aforementioned company? _____

3. Has there ever been any formal sanction imposed against the aforementioned company as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction of limitation? _____

If yes to either 2 or 3 attach a certified copy of disciplinary action.

4. Any additional comments will be appreciated: _____

_____

I Certify that the information is true and correct according to the official records of this State.

State of: _____ Date: _____

Agency Name: _____Telephone Number: _____

Signature & Title of agency representative completing this form: _____

Please complete and return to:

Arizona Department of Financial Institutions
Licensing Division
2910 North 44th Street, Suite 310
Phoenix, AZ 85018

Escrow Agent Application

Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces- there must be an answer Provided for each inquiry. Therefore, if not applicable use "None" or "N/A"
Do Not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a Eligible copy of your License)
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

13. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a legible copy of your drivers' license? ☐Yes ☐No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐Yes ☐No ☐N/A

If No, why not?_____

I. REMARKS: (Furnish complete details. Attach additional sheets if necessary)

Read, sign & notarize both top & bottom portion of this document

AFFIDAVIT

STATE OF _____
)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____
(Date) (Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

AFFIDAVIT (part 2)

STATE OF _____
)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ _____
(Date) (Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

Escrow Agent Application

Personal Financial Statement

Do not use for business statement.
Legibly print or type all information.
There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A"
Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.
Total Assets must equal Total Liabilities and Net Worth.

Describe any unusual assets or liabilities.

Name _____ Financial Condition As Of _____/_____/_____ (mo/day/yr)
Address _____ City _____
State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe) Credit Cards	
		TOTAL LIABILITIES	
		NET WORTH (Assets Minus Liabilities)	
TOTAL ASSETS		**TOTAL LIABILITIES and Net Worth**	

APPROXIMATE ANNUAL INCOME AND EXPENSE
(EXCLUSIVE OF ORDINARY LIVING EXPENSES)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
TOTAL INCOME		**TOTAL**	

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)

_____

3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)

_____

4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

_____

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____

6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)

7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)

8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

COMPLETE THE FOLLOWING SCHEDULES

SCHEDULE 1 - NOTES AND MORTGAGES OWNED
Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

SCHEDULE 2 – REAL ESTATE AND BUILDINGS
Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

_____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes ☐ No ☐
No. #2						Yes ☐ No ☐
No. #3						Yes ☐ No ☐
No. #4						Yes ☐ No ☐
No. #5						Yes ☐ No ☐

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____

SCHEDULE 4 - SECURITIES OWNED
Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

SCHEDULE 5 - INSURANCE

Public liability on autos $ _____ Property Damage on Autos $ _____

LIFE INSURANCE

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ _____

Date **Signature**

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN)

TIN Type: ◯ Employer Identification Number (EIN) ◯ Social Security Number (SSN)

State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Entity Type Select one of the following

- ◯ Corporation (NOT providing health care, medical or legal services) (5A)
- ◯ Corporation (providing health care, medical or legal services) (5M)
- ◯ Partnership, LLP (5T)
- ◯ PLLC, LLC (5C)
- ◯ Individual/Sole Proprietor (6I)
- ◯ The US or any of its political subdivisions or instrumentalities (2G)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Tax-exempt organization under IRC §501 (5O)
- ◯ An international organization or any of its agencies or instrumentalities (5U)
- ◯ State of Arizona employee (1E)
- ◯ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City State Zip code

Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City State Zip code

Contact Information

Name

Phone # EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA **AGENCY** USE ONLY — VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA **GAO** USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed

GAO-W-9 Revised 4/18/05

To: All Escrow Agents

In accordance with A.R.S. Section 6-832(B), attached is a copy of the required form to be completed as of 6/30 and 12/31 of each year, regardless of your fiscal year end date. And must not be submitted as one report with the required Annual Audit Report. Every escrow agent must make and file such report within 45 days (due on 8/15 and 2/15 respectively) of the noted dates. Only the original report will be accepted. Faxed or e-mail financial reports are not acceptable.

For each day a report is not received by the Department, the licensee will be assessed a penalty of twenty-five dollars for each calendar day of delinquency. A postmark date is not considered received by the department.

It will not be our practice to remind you of this report or send out new forms semiannually, so please keep a copy of this form or see our website at azdfi.gov. Click "Licensing," click "Escrow Agent," click "Download Application" then print Semiannual Financial form.

Do not recreate the semiannual financial form, no other form will be accepted.

If there are any questions, please call Sherry Engels at (602) 255-4421, extension 126.

Sincerely,

Licensing Manager

Escrow Agent

Semiannual Financial and Escrow Report

Legibly print or type all information
Totals must be tallied as required
Total Assets must equal Total Liabilities and Shareholders' Equity
Complete this form for the entire entity except for Schedule A, B & C. This area is only for the state of Arizona

Do not recreate this document. No other form will be accepted.

Financial condition at close of business for ☐ 6/30/_____(yr) ☐ 12/31/_____(yr)

Licensee Name _____ **License Number EA-** __ ___

_____ ( ) - ___

Address (on line above) **City** **State** **Zip** **Telephone Number**

Assets		**Liabilities and Shareholders' Equity**	
Current Assets		Current liabilities	
Cash	$	Current portion of long-term debt	$
Accounts receivable (less allowance for doubtful accounts)	$	Notes Payable to a bank	$
		Accounts payable	$
Other receivables	$	Accrued expenses and other current liabilities	$
Prepaid expenses and other current assets	$		
Total Current Assets	$	**Total Current Liabilities**	$
		Loans from shareholders	$
Notes receivable, excluding current portion	$	Deferred income taxes	$
		Other deferred liabilities	$
Other receivables, excluding current portion	$	Long-term debt, excluding current installments	$
Property and equipment, at cost, net of accumulated depreciation	$	Other liabilities	$
		Total Liabilities	$
Long-term investments, at cost	$	Shareholders' Equity common stock	$
		Additional paid-in capital	$
Other assets	$	Retained earnings	$
Total long-term assets	$	**Total shareholders' equity**	$
Total Assets	$	**Total Liabilities and shareholders' equity**	$

❖ Schedule A – Escrow Accounts

Escrow account balance $_____
Number of escrows opened year to date _____
Number of escrows closed year to date _____
Number of escrows holding funds which have been open over 6 months/total amount of funds so held #_____ /$_____
Number of escrows with negative balance as of date of this report/total amount of all such balances #_____ /$_____

❖ Schedule B – Account Servicing

Number of account servicing files opened year to date _____
Number of account servicing files closed year to date _____
Impound account balance on date of report $_____

❖ Schedule C – Subdivision Trusts

Number of subdivision trust files opened year to date _____
Number of subdivision trust files closed year to date _____
Total fiduciary funds on date of report $_____

Statement of income for the _____ months ending _____/_____/

Give all figures on a Fiscal Year to Date Basis

❖ **Revenues:**

Title fees	$	
Escrow fees	$	
Trust and other fees	$	
Other	$	
Total revenue from operations		$
❖ **Less: Underwriting costs**	$	
Gross profit from operations		$
❖ **General and administrative expenses**	$	
Income (loss) from operations		$
❖ **Other income (expenses)**		
Miscellaneous fees	$	
Interest income	$	
Interest expense	$	
Other	$	
Income (loss) before income taxes and extraordinary item		$
❖ **Income taxes**	$	
Income before extraordinary item		$
❖ **Extraordinary item**	$	
Net income (loss)		$

VERIFICATION

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ ( ) - _____ ( ) - _____

Print Name **Direct Telephone Number** **Ext.#** **Fax Number**

_____ / /

Signature **Title** **Date**