



TEXAS DEPARTMENT OF INSURANCE

Property & Casualty Program - Title Division, Mail Code 106-2T
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

TDI USE ONLY

CO. ID:
PID:
ISSUE:
R.R.#:

FPCARD:
LIC.#:
EXP:
RIDER:
OTHER:

APPLICATION FOR TEXAS ESCROW OFFICER'S LICENSE

\*\*\*ACTING AS AN ESCROW OFFICER BEFORE YOUR LICENSE IS ISSUED IS A VIOLATION OF §2652.001 AND IS SUBJECT TO DISCIPLINARY ACTION INCLUDING FINES AND LICENSE DENIAL AND/OR REVOCATION (see Title Bulletin No. 164)\*\*\*

INSTRUCTIONS

- 1. Applicant (and employer attorney if applicable) must complete Section A.
2. Sponsoring title agent/direct operation must complete Section B.
3. Licensing fee of \$35.00 must be submitted.
4. Texas escrow officer's schedule bond must be attached, if needed. (If bond is already on file, rider or endorsement must be attached).
5. Fingerprints and criminal history information – see addendum regarding requirements

SECTION A -- ESCROW OFFICER IDENTIFICATION

1. Name in full: Mr. Last First Middle Ms. (No initials accepted) (No initials accepted)
2. Residence Address City State Zip Phone No.
3. Social Security Number (Disclosure of Social Security Number is required by the Texas Family Code §231.302)
4. Texas Resident Yes No
5. Date of Birth (MM DD YYYY) 6. Driver's License # State
7. Marital Status Single Married Divorced Widowed

\*If you answer "Yes" to question 8a, 8b, 8c, and/or 8d, you must submit original CERTIFIED copies of the indictment or charging document, conviction, order deferring adjudication, judgment and conditions of probation from the appropriate jurisdiction, for each and every crime or offense. You may also include letters of recommendation on your behalf. Please provide full information with dates and details on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed. If certified documents have been previously submitted to the department, please do not resend.

8. Excluding traffic violations and first offense DWI:
a. do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, any other state, or by the federal government? \* YES NO
b. have you ever been convicted of any misdemeanor or felony offense in Texas, any other state, or by the federal government? \* YES NO
c. have you ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, any other state, or by the federal government? \* YES NO
d. have you ever served any period or probation for any misdemeanor or felony offense in Texas, any other state, or by the federal government? \* YES NO

NOTE: If you answer "yes" to any of questions 9 through 16, you must provide a personal statement with dates and complete details (attach a separate sheet of paper if necessary). Application processing will be suspended until the details are received and a review is completed.

9. Have you ever had a professional license, an insurance license or company appointment refused, suspended or revoked in Texas or any other state? YES NO
If YES, please explain:

10. Are you now indebted to a special deputy receiver of the Texas Department of Insurance, any insurance company, general agent or agent?  YES  NO

If YES, please explain: \_\_\_\_\_

11. Have you ever had an agency contract canceled for cause (e.g., misrepresentation, misappropriation, etc.)?  YES  NO

If YES, please explain: \_\_\_\_\_

12. Have you ever been placed under injunction or restraining order of a court or regulatory agency in respect to violation of any federal or state law relating to insurance or securities?  YES  NO

If YES, please explain: \_\_\_\_\_

13. Do you now have pending litigation against you alleging violation of the Texas Insurance Code?  YES  NO

If YES, please explain: \_\_\_\_\_

14. Have you ever held ownership interest in any insurance agency or company?  YES  NO

If YES, please explain: \_\_\_\_\_

15. Do you have any judgments against you held by any insurance company or insured which are unpaid in whole or in part?  YES  NO

If YES, please explain: \_\_\_\_\_

16. Do you have any judgments against you which involved violation of the Texas Insurance Code?  YES  NO

If YES, please explain: \_\_\_\_\_

17. Do you have another business name or alias?  YES  NO

If YES, indicate business name or alias here: \_\_\_\_\_

18. Have you ever held a professional license, insurance license or company appointment under any other name?  YES  NO

If YES, indicate other name(s) here: \_\_\_\_\_

19. Do you currently hold an escrow officer license?  YES  NO

**If YES, and you indicate you are a bona fide employee of a title insurance agent/direct operation in question No. 20, you certify by signing this application that the existing license will be canceled within 60 days or you are a bona fide employee of separate title insurance agents/direct operations. If you are a bona fide employee of separate title insurance agents/direct operations, you may be required to provide supporting documentation (see Title Bulletin No. 162).**

20. Check applicable status of employment for this application:

I am a bona fide employee of the title agent/direct operation

I am an attorney

I am a bona fide employee of an attorney who is a licensed escrow officer (if this box checked, following must be completed)

**Reminder: Securing the issuance of this license based upon a false, fictitious, or fraudulent statement or entry with regard to any material fact is subject to both disciplinary action and criminal prosecution.**

\_\_\_\_\_  
Printed name of attorney licensed as escrow officer

\_\_\_\_\_  
Signature of attorney (by signing attorney confirms escrow officer applicant's status of employment)

Affix Notary Seal below

Subscribed and sworn to before me

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

21. County(ies) in which you intend to act as an escrow officer \_\_\_\_\_  
(MUST BE A COUNTY(IES) IN WHICH THE TITLE AGENT/DIRECT OPERATION SHOWN ON SECTION B IS LICENSED TO OPERATE)

22. Give complete details of all employment, self-employment, or unemployment during the last five (5) years.

Dates	Employer and Address	Title

23. Give the names and street addresses of three (3) business or professional references from the community where you have resided for the last five years.

Name	Address	Type of Business

24. Have you personally answered and understood each question pertaining to you on this application?  YES  NO

**Reminder: Securing the issuance of this license based upon a false, fictitious, or fraudulent statement or entry with regard to any material fact is subject to both disciplinary action and criminal prosecution.**

Full Name \_\_\_\_\_  
Print/Type Full Legal Name

Signature \_\_\_\_\_

Affix Notary Seal below

Subscribed and sworn to before me

\_\_\_\_\_, \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at [www.tdi.state.tx.us](http://www.tdi.state.tx.us).

**SECTION B -- TITLE AGENT IDENTIFICATION**

**Notice of Appointment of Escrow Officer by Title Insurance Agent/Direct Operation**

**Reminder: Securing the issuance of this license based upon a false, fictitious, or fraudulent statement or entry with regard to any material fact is subject to both disciplinary action and criminal prosecution.**

This notice of appointment of \_\_\_\_\_ is for a license to act as an escrow officer for the Title Insurance Agent/Direct Operation identified below. If and when the appointment is terminated or canceled, the Texas Department of Insurance will be properly notified.

The applicant is known to this Agent/Direct Operation to have a good business reputation, is worthy of the public trust, has reasonable experience or instruction in the field of title insurance and is qualified as an escrow officer as defined in the "Texas Title Insurance Act". I know of no fact or condition which would disqualify such applicant from receiving a license.

Appointing Title Insurance Agent/Direct Operation confirms applicant's status of employment as indicated in Section A No. 20 of this application.

Appointing Title Insurance Agent/Direct Operation confirms applicant's county(ies) of operation as indicated in Section A No. 21 of this application.

Appointing Title Insurance Agent's/Direct Operation's Texas Department of Insurance Company # \_\_\_\_\_

\_\_\_\_\_  
(Name of Title Agent/Direct Operation Contact Person regarding this application)

\_\_\_\_\_  
(Contact Person's e-mail address – if no e-mail address is available, please provide fax number including area code)

\_\_\_\_\_  
(Name of Appointing Title Agent/Direct Operation)

\_\_\_\_\_  
(Full Name of Title Agent/Direct Operation Appointing Official)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Title of Appointing Official)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Signature of Appointing Official)

Affix Notary Seal Here

Subscribed and sworn to before me

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

Regular Mailing Address  
Texas Department of Insurance  
Title Division, Mail Code 106-2T  
P.O. Box 149104  
Austin, Texas 78714-9104

Overnight Mailing Address  
Texas Department of Insurance  
Title Division, Mail Code 106-2T  
333 Guadalupe Street  
Austin, Texas 78701

**Refer Questions To: (512) 322-3482**