

# INSTRUCTIONS

## APPLICATION FOR IDAHO ESCROW AGENCY BRANCH LICENSE

**This application will not be considered complete until this office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.**

- No. 1** Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State.
- No. 2** License number(s) if known at time of filing. The branch application may accompany a new company filing, or may follow the initial home/main office application filing later.
- No. 3** **New Application:** A fully completed branch application must be submitted when the applicant is filing for branch authorization the first time.  
**Amendment:** The applicant must update information about a branch office by submitting amendments using the branch application. When making changes to an existing license, complete items 1 - 3, check the "amendment" box, provide all previous information in items 4a - 8a, and complete only the information that is being amended in item(s) 4b - 8b or 9 - 12.  
**Surrender/Cancel:** When an applicant decides to cease operations under the license, at one or more branches, use the branch application to notify the Department by checking the "surrender" box and completing only items 1 - 4 and 9. Submit a separate branch application for each branch license that is being surrendered.
- No. 4** If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of assumed business name filed with the Idaho Secretary of State.
- No. 5** Supervising Escrow Agent on site at this location. Designated person must demonstrate a minimum three (3) years of experience specifically in supervision over escrow activity. Provide Attachment B-R (Authority to Obtain Information from Outside Sources) and Attachment C (3 Year Employment History) for the supervising escrow agent.
- No. 6** Street address of the branch office location that will appear on the face of the license.
- No. 7** The mailing address of the applicant, if different from No. 6. If same, so state.
- No. 8** Branch office main phone number, fax number, web site and e-mail address.
- No. 9** Please identify where the branch records will be kept.
- No. 10** Attachments/supporting documents for any "Yes" answer.
- No. 11** Attachments/supporting documents for any "Yes" answer.
- No. 12** Attachments/supporting documents for any "Yes" answer.

**AFFIDAVIT:** The affidavit must be completed by an authorized representative of the applicant and must include notarized original manual signature for the initial application filing for each branch office.

**CONTACT EMPLOYEE:** The individual listed on the applicant's company's main office as the contact employee will be contacted if needed about this branch application.

**OTHER REQUIRED ATTACHMENTS:**

- Personnel Roster for this location that includes names and titles.
- Original, fully executed Authorization to Examine Trust Account form, if different than home/main office record on file with the Department.
- **APPLICATION FEE: \$350 per location, payable to the Idaho Department of Finance.**

Please submit all items simultaneously. All approved licensees are posted to the Department's website daily.  
[www.finance.idaho.gov](http://www.finance.idaho.gov)

**Mail completed application, attachments and fees to the Idaho Department of Finance:  
USPS: P.O. Box 83720, Boise, Idaho 83720-0031  
Overnight/delivery: 11341 W. Chinden Blvd., Suite A300, Boise, Idaho 83714-1021**

rev. 2014		<b>APPLICATION FOR IDAHO ESCROW AGENCY BRANCH LICENSE</b>		<input type="checkbox"/> Escrow <input type="checkbox"/> 1031 Exchange <input type="checkbox"/> Both		
1.	Applicant full legal name:					
2.	Home Office License #		Branch Office License #			
3.	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>Complete "b" for the item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER					
4a.	Trade name or "dba" used at this branch		4b.	NEW Trade name or "dba" used at this branch		
5a.	Supervising Escrow Agent Name		5b.	NEW Supervising Escrow Agent Name		
6a.	Physical address (Number and Street)		6b.	NEW Physical address (Number and Street)		
	Physical City, State, Zip			NEW Physical City, State, Zip		
7a.	Mailing address or P.O. Box (if different from Physical)		7b.	NEW Mailing address or P.O. Box (if different from Physical)		
	Mailing address City, State, Zip			NEW Mailing address City, State, Zip		
8a.	Business (Area Code) and Telephone Number		8b.	NEW Business (Area Code) and Telephone Number		
	Fax (Area Code) and Number			NEW Fax (Area Code) and Number		
	Branch website (enter "None" if not applicable)			NEW Branch website		
	Branch email (enter "None" if not applicable)			NEW Branch email		
9.	Physical address of location where the official books and records generated by this branch office will be kept.					
	Records Custodian Name		Business Phone	Fax Line	E-mail Address	
	Number & Street, City, State, Zip					
10.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the applicant's main office? If yes, please submit a copy of the document.				<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
11.	Will this branch office have sole responsibility for decisions relating to individuals conducting escrow or trust account activity:				<b>YES</b>	<b>NO</b>
	(a) with respect to employment?				<input type="checkbox"/>	<input type="checkbox"/>
12.	(b) with respect to compensation?				<input type="checkbox"/>	<input type="checkbox"/>
	Does any <i>person</i> , other than the applicant, have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?				<b>YES</b>	<b>NO</b>
	(a) If yes, provide an explanation of the expense payment and/or financial interest arrangement:				<input type="checkbox"/>	<input type="checkbox"/>
(b) If yes, provide the following information for each person responsible for the expenses or with a financial interest: ( <b>person</b> – an individual, partnership, corporation, trust or other organization)						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)			Address, City, State, Zip		Telephone	

# APPLICATION AFFIDAVIT

I, on behalf of licensee, understand and certify that in accordance with Idaho Code 30-907(2) information contained in this application shall be updated and filed with the director as necessary to keep the information current.

Signed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Name of Company

By: \_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title

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**STATE OR COMMONWEALTH OF** \_\_\_\_\_

**COUNTY / PARISH OF** \_\_\_\_\_

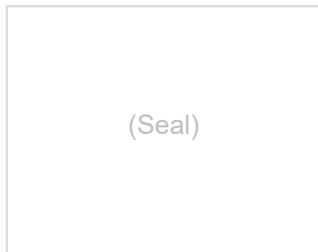
\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)

notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)

application and that all statements and representations made therein are true and correct to the best of his/her knowledge, information and belief.

Sworn to and subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_



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

\_\_\_\_\_  
Print Name of Notary Public

Date Commission Expires: \_\_\_\_\_