



Escrow Agent Certification by Licensing Agency or Supervisory Board

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.

A. Arizona Applicant Name and Address:

Three horizontal lines for entering applicant name and address.

Dear Fellow Regulators: Please respond to the following questions and return the completed form 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 # _____
Issue date: _____ Expiration date: _____

- 1. Is the information in section B above accurate? ____ If not, please print the correct information here.
2. Is there now or has there ever been any action commenced against the aforementioned company? Yes No
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? Yes No

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
Email: licensing@azdfi.gov
Fax: 602-381-1225