



REQUIRED FORMS

NEW EMPLOYEE 

SuccessPath Onboarding



CapitalCAMPUS



TEXAS DEPARTMENT OF INSURANCE

FINT132 | 0316

Financial Regulation Division - Agent and Adjuster Title Licensing (107-TL)
333 Guadalupe, Austin, Texas 78701 * PO Box 149104, Austin, Texas 78714-9104
(512) 676-6475 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

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, LICENSE DENIAL, AND 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. Original Texas escrow officer's schedule bond must be attached, bond rider must include Applicant's full legal name and aggregate amount.
5. Fingerprints and criminal history information – see instructions starting on page 5.

| TDI USE ONLY | FP RECEIPT |
|-------------------|------------------|
| Firm ID: _____ | LIC No: _____ |
| Indv. ID: _____ | Exp. Date: _____ |
| Issue Date: _____ | Bond: _____ |
| Invoice No: _____ | |

SECTION A – ESCROW OFFICER IDENTIFICATION

1. Name in full: Last _____ First _____ Middle _____
(no initials accepted) (no initials accepted)
2. Escrow Officer Mailing Address (**Required**): _____
City: _____ State: _____ Zip Code: _____
3. Escrow Officer Residential Address: _____
Physical home address where you reside
City: _____ State: _____ Zip Code: _____ Phone Number: _____
4. Business Physical Address (**Required**): _____
City: _____ State: _____ Zip Code: _____
5. Contact E-mail Address (**Required**): _____
Do you give TDI Affirmative consent to release the email address listed directly above with any other parties listed on this application? ☐ Yes ☐ No
6. Social Security Number: _____
7. Texas Resident?: ☐ Yes ☐ No
8. Date of Birth: _____
9. Driver's License #: _____ State _____
If you answer "Yes" to question 10a, 10b, 10c and/or 10d, 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 and resume 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.
Have certified documents been previously submitted? ☐ Yes ☐ No
10. 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 of 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 THE QUESTIONS 10 THROUGH 17, YOU MUST ATTACH A PERSONAL STATEMENT WITH DATES AND COMPLETE DETAILS. APPLICATION PROCESSING WILL BE SUSPENDED UNTIL THE DETAILS ARE RECEIVED AND A REVIEW IS COMPLETED.

11. 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
12. Are you now indebted to a special deputy receiver of the Texas Department of Insurance, any other insurance company, general agent or agent? ☐ Yes ☐ No
13. Have you ever had an agency contract canceled for cause, (e.g., misrepresentation, misappropriation, etc.)? ☐ Yes ☐ No
14. 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
15. Do you now have pending litigation against you alleging violation of the Texas Insurance Code or the insurance laws of any other state? ☐ Yes ☐ No
16. Have you ever held ownership interest in any insurance agency or company? ☐ Yes ☐ No
17. Do you have any judgments against you held by any insurance company or insured which are unpaid in whole or in part? ☐ Yes ☐ No
18. Do you have any judgments against you which involved violation of the Texas Insurance Code or the insurance laws of any other state? ☐ Yes ☐ No
19. Do you have another business name or alias?
If "Yes", indicate business name or alias here: _____ ☐ Yes ☐ No
20. Have you ever held a professional license, insurance license or company appointment under any other name?
If "Yes" indicate other name(s) here: _____ ☐ Yes ☐ No
21. Do you currently hold an escrow officer license? ☐ Yes ☐ No
If you are a bona fide employee of a separate title insurance agents/direct operations, you may be required to provide supporting documentation (see Title Bulletin No 162).
22. Check applicable status of employment for this application:
(This information must be reflected in your response to question 23)
 - ☐ I am a bona fide employee working directly for the title agency/direct operation
 - ☐ I am an attorney
 - ☐ I am a bona fide employee of an attorney who is a Texas licensed escrow officer with the appointing title agent.

EMPLOYER ATTORNEY MUST COMPLETE THE FOLLOWING, ONLY IF APPLICANT CHECKED THE THIRD BOX ABOVE.

Printed Full Legal Name of attorney licensed as escrow officer

Individual ID No: _____

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

Sworn to and subscribed before me on _____ to certify which witness my hand and seal of office.

(Notary Seal)

Notary Public's Signature

23. Give complete details of **all** employment, including the attorney firm name question from #22 or **appointing title agent from page 4**; and all periods of self-employment, or unemployment during the last (5) years.

| Start Date/End Date | Employer Name | Employer Address (Street, City, State Zip) | Title/Position |
|---------------------|---------------|--|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

24. County(s) in which you intend to act as an escrow officer: _____
(Must be a county(s) in which the Title Agent is licensed/IF MORE THAN 4 COUNTIES, PLEASE ATTACH A SEPARATE PAGE)

25. Give the name, street address and phone number of three (3) business or professional references from the community where you have resided for the last five years.

| Name | Address (Street, City, State & Zip) | Phone | Type of Business |
|-------|-------------------------------------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

26. Do you understand you are not to act as an escrow officer until (1) the title agent/direct operation appointing you has actually received your license or has been notified by the Texas Department of Insurance that your license has been issued; or (2) you have been notified by the Texas Department of Insurance that your license has been issued? ☐ Yes ☐ No

27. Have you personally answered and understood each question pertaining to you on this application?

☐ Yes ☐ No

 Print or Type Name

CERTIFICATION

THE STATE OF _____

THE COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the affiant, who, after being placed on his/her oath, stated that he/she has read the preceding form and that the answers, exhibits and attachments forming it are true and correct as to any factual statements contained therein.

 Signature of Affiant

(NOTARY SEAL)

Sworn to and subscribed before me on _____ to
 certify which witness my hand and seal of office.

 Notary Public's Signature

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 559.4 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 General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

SECTION B – TITLE AGENT IDENTIFICATION AND CERTIFICATION**Notice of Appointment of Escrow Officer by Title Insurance Agent/Direct Operation**

This notice of appointment of (Escrow Officer) _____ 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 indicated in **Section A, #22** of this application.

Appointing Title Insurance Agent/Direct Operation confirms applicant's county(s) of operation as indicated in **Section A, #24** of this application.

Appointing Title Insurance Agent/Direct Operation confirms it will not allow the applicant to act as an escrow officer until the Title Insurance Escrow Officer License has been issued by the Texas Department of Insurance.

Appointing Title Insurance Agent's/Direct Operation's License #: _____ Firm ID#: _____

Title Agent/Direct Operation Contact Person
for Application

Contact Person's E-mail Address (Required)
Do you give TDI Affirmative consent to release
the email address listed directly above with any other
parties listed on this application? ☐ Yes ☐ No

Contact Person's Phone Number
(Required)

Title Agency Name (DBA not required, if any)

Primary Mailing Address
(P.O. Box/Street of the Main Title Agency Office)

City, State & Zip Code

Full Name of Appointing Official with Title Agent/Direct Operation

Active Title of Appointing Official on file with TDI

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.

CERTIFICATION

THE STATE OF _____

THE COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared (Name of Appointing Official Above) _____ known to me to be the affiant, who, after being placed on his/her oath, stated that he/she has read the preceding form and that the answers, exhibits and attachments forming it are true and correct as to any factual statements contained therein.

Signature of Affiant

Sworn to and subscribed before me on _____ to certify which witness my hand and seal of office.

(Notary Seal)

Notary Public's Signature

Regular Mailing and Overnight Address

Texas Department of Insurance
Title Licensing Program, MC 107-TL
333 Guadalupe Street
Austin, Texas 78701

ESCROW OFFICER APPLICATION ADDENDUM REGARDING FINGERPRINT PROCESSING AND PAPER FINGERPRINT CARDS

Who Must Submit Fingerprints

- Applicants who have not provided the Department a complete, legible fingerprint card as part of an Insurance Code Chapter 2651 Subchapter A or Chapter 2652 submission on or after 01/01/2001; **OR**
- Applicants who have not held a Texas escrow officer license in good standing within 60 days from the date the application is postmarked.

The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

ELECTRONIC FINGERPRINTING PROCESS

Electronic Fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of applications.

For detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#), please click on the link here or visit:

<http://www.tdi.texas.gov/licensing/agent/documents/fpinstructions.pdf>

DO NOT THROW AWAY THE RECEIPT!



**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION
FOR AGENCY APPOINTMENT PURPOSES**

Disclosure

Fidelity National Title Group (the "Company") may request from a consumer reporting agency a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your application for agency appointment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

[END OF DOCUMENT]

PLEASE PROCEED TO THE NEXT DOCUMENT ENTITLED:

**"OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING
BACKGROUND INVESTIGATION FOR AGENCY APPOINTMENT PURPOSES"**



OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS
REGARDING BACKGROUND INVESTIGATION FOR AGENCY APPOINTMENT
PURPOSES

Disclosures

Investigative Consumer Report:

Fidelity National Title Group (the “Company”) may request an investigative consumer report about you from HireRight, Inc. (“HireRight”), a consumer reporting agency, in connection with your application for agency appointment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company appoints you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your appointment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the “Additional State Law Notices” for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Agency Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for agency appointment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my appointment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my agency (or contractor or volunteer) application, or otherwise disclosed by me before or during my appointment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of appointment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for appointment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

| |
|--|
| <p><input type="checkbox"/> California, Minnesota or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.</p> |
|--|

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, Inc. ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Para información en español, visite <http://www.consumerfinance.gov/learnmore> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| 1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |
| 2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board |

| | |
|---|---|
| | Department of Transportation 395 E Street, S.W. Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area Supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357 |

Personal Information Sheet (Submit with FCRA Disclosure)



| | | | |
|--------------------|--|-------------------|--|
| Agency Name | | | |
| Individual Name | | | |
| Home Address | | | |
| City/State/Zip | | | |
| Home Phone | | Date of Birth | |
| Email | | Social Security # | |

LICENSING - Individual

| | | |
|----------|----------------------|-----------------|
| State(s) | License and/or Bar # | Expiration Date |
| | | |
| | | |

EMPLOYMENT - Start with Present Employer or Provide Resume

| | | | |
|---------------------|--|-----------------|--|
| Company Name | | Start/End Dates | |
| Address | | Phone # | |
| City/State/Zip | | Position | |
| Job Duties | | | |
| Company Name | | Start/End Dates | |
| Address | | Phone # | |
| City/State/Zip | | Position | |
| Job Duties | | | |
| Company Name | | Start/End Dates | |
| Address | | Phone # | |
| City/State/Zip | | Position | |
| Job Duties | | | |

BUSINESS REFERENCES

| | | | |
|----------------|--|---------|--|
| Name | | | |
| Address | | | |
| City/State/Zip | | Phone # | |
| Name | | | |
| Address | | | |
| City/State/Zip | | Phone # | |

ATTORNEY ONLY

| | |
|--|---|
| Percent of law practice devoted to Real Estate | |
| Have you ever been affiliated with another law firm or title agency? | <input type="checkbox"/> YES/ <input type="checkbox"/> NO (if yes, see below) |

| | | | |
|--------------|----------|-----------------|----------------|
| Company Name | Position | Start/End Dates | Location State |
| | | | |
| | | | |

Have you or any organization you've been an owner/partner/principal/director or officer (or as an agent, have any officers/key employees or shareholders) been the subject of a grievance, complaint or proceeding relating to conduct; charged with embezzlement, theft or felony; a defendant in a criminal or civil proceeding involving the violation of federal or state law; the subject of a bankruptcy or insolvency, had your professional license revoked or suspended; cancelled or refused professional liability/errors & omissions or fidelity/surety bond coverage; refused or terminated by an insurance company to be an agent; have outstanding judgments or liens filed against you; or failed to pay money due to any insurance company or insured?

| | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (If Yes, please provide all pertinent information on a separate attached statement) | <input type="checkbox"/> No |
|--|-----------------------------|

NOTICE: In connection with the potential appointment as our agent, information relative to your business and professional reputation including matters of consumer reports as defined in the Federal Fair Credit Reporting Act will be evaluated. This notice is given to you in compliance with that Act. The information contained herein may be verified by the Company, but is furnished on a strictly confidential basis by the applicant to aid the Company in its investigation. We are committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place physical, electronic and managerial procedures to safeguard and secure this information. By signing hereunder, you certify that the information provided hereinabove is correct.

| | | | |
|-------------------|--|-----------------|--|
| Signature | | Date | |
| Print Name | | Position | |

If renewing, mark this box: ☐

Commission Expires: / /

APPLICATION FOR APPOINTMENT AS TEXAS NOTARY PUBLIC

Identifying Information

Please Type or Print Legibly

Name to be used as notary public: (This is the name you will be required to sign when notarizing)

Social Security No.:

| | | | |
|------|-------|-----------------------|--------|
| Last | First | Middle (not required) | Suffix |
|------|-------|-----------------------|--------|

Required by TX Gov't Code §406

Mailing Address: (Please notify the secretary of state of an address change within 10 days)

Residence County:

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Email address for return of commission (print legibly):

(Your commission will come from notarypubliccommission@sos.state.tx.us and you will NOT receive materials by mail.)

Alternate email address for return of commission (optional):

Date of Birth: / / Driver's License or Identification No.: Issuing state:

Statements Relating To Qualification

I, the above-named applicant, have never been convicted of a felony or crime involving moral turpitude, am at least 18 years of age and a legal resident of Texas. {All applications are subject to a background check.}

Please select one of the following:

- ☐ A. I have been found guilty of a crime other than a Class C misdemeanor. (Applicants selecting this option must attach the following for each crime: (1) copies of court order and sentence, and papers pertaining to release from probation; and (2) a statement of (i) the nature, circumstances, date, and location, and (ii) whether the case is on appeal.) {A conviction for a crime involving moral turpitude OR a FELONY disqualifies you from appointment as a notary public under Texas law.}
- ☐ B. I have never been found guilty of a crime OR I have only been found guilty of a Class C misdemeanor, e.g. minor traffic violations such as speeding.

Notary Public Surety Bond

(This space reserved for agency/bonding company)

KNOW ALL PERSONS BY THESE PRESENTS:

That we, the above-named applicant, as principal, and _____, as surety, a corporation duly licensed to do business in the state of Texas, are held and firmly bound unto the governor of the state of Texas and to his/her successors in office, in the sum of TEN THOUSAND DOLLARS for the payment of which, well and truly be made we bind ourselves, our heirs, executors and administrators jointly and severally. As a condition of this bond, the above-named principal shall faithfully perform all duties of the office of notary public.

BOND NUMBER: _____

Agency Name: Insurance One AgencyAddress: 14180 Dallas Pkwy, Ste. 900, Dallas, TX 75254

Date: _____

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Signature of authorized person for surety

Statement of Officer

I, the above-named applicant, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Execution

I declare under penalty of perjury that the facts in the foregoing Statement of Officer are true. I further certify that the information provided in and with this Application is true and correct and that I am not disqualified by law or any other reason from holding the office of notary public. I agree to be bound by the terms and conditions of the incorporated surety bond.

Date: _____

Signature of Applicant (*sign in name given above on line #1 to be used as notary public*)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| |
|---|
| <input type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> |
| <p>QR Code - Section 1 Do Not Write In This Space</p> |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|--|-----------|--|------------|---|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | <div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

| | | | | |
|--|--|---|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date(mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | |
|------------------------------------|-------------------------|----------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|--|-----------|--|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.