

Escrow Officer Appointment

Use this form to:

- Appoint an escrow officer.
- End an escrow officer appointment.

Answer the following questions

| Title insurance agent or direct operation | |
|--|-----|
| Name | - |
| TDI license number | - |
| Firm ID number | - |
| Escrow officer | |
| Full name | _ |
| TDI license number (If the escrow officer has one) | |
| Fill out this section to appoint an escrow officer | |
| You must send \$10 to the Texas Department of Insurance unless this is an escrow officer's first appointment withe form FINT132 - Application for Escrow Officer License (PDF) 0 . | ith |
| Employment status | |
| Escrow officer is an employee working directly for the title insurance agent or direct operation. | |
| Escrow officer is an attorney. | |
| Escrow officer is an employee of an attorney who is a Texas licensed escrow officer with the appointing title insurance agent or direct operation. | } |
| Name of attorney | - |
| TDI license number | - |
| Escrow officer bond or deposit (Choose only one) | |
| Surety Bond | |
| Bonding company name | _ |
| Bond number | _ |
| Bond amount \$ | |

| Letter of credit | |
|--|---|
| Bank name of issuance | |
| Letter number | |
| Credit amount \$ | |
| Cash deposit | |
| Depository institution | |
| Cash deposit receipt number | |
| Deposit amount \$ | |
| Fill out this section to end an escrow of | officer appointment |
| | d on |
| | Date |
| Signature | |
| on this form are true and correct. | title insurance agent or direct operation and that all answers I gave |
| Appointing official's signature | Date |
| Declaration | |
| My name is | , my date of birth is |
| Appointing offi and my address is: | cial |
| Home address | |
| City | State |
| ZIP | County |
| I declare under penalty of perjury that the in | formation on this form is true and correct. |
| Executed in | County, State of, |
| on | |
| Date | |
| Declarant's signature | |

Return this form and any attachments one of these ways

Mail:

Agent and Adjuster Licensing, MC: CO-TL Texas Department of Insurance 1601 Congress Ave.
Austin, Texas 78711-2030

Email: TDI-TitleLicensing@tdi.texas.gov

Overnight mail or in person:

Agent and Adjuster Licensing, MC: CO-AAL Texas Department of Insurance 1601 Congress Ave.
Austin, Texas 78701

Questions?

- Use our online question form at www.tdi.texas.gov/agent/question.html.
- Email us at <u>TDI-TitleLicensing@tdi.texas.gov</u>.
- Call 512-676-6475.

Know your rights:

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, MC: GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we correct information we have about you that is wrong. To ask for a correction, send your (1) name, mailing address, and phone number, (2) details about what needs to be corrected, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

Sus derechos: Usted puede solicitar la información que tenemos sobre usted enviando un correo electrónico a OpenRecords@tdi.texas.gov o una carta a: Public Information Coordinator, MC: GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. Usted también tiene derecho a solicitar que TDI corrija la información incorrecta que tenga sobre usted. Para pedir una corrección, envié su (1) nombre, dirección postal, y número de teléfono, (2) los detalles de la información que necesita corregirse y (3) prueba o respaldo de su solicitud la razón por la que la información es incorrecta o prueba de que la información es incorrecta. Enviar un el correo electrónico a RecordCorrections@tdi.texas.gov o una carta a: Record Correction Request, MC: CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.