

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
CALIFORNIA ESCROW LAW CHANGE OF ADDRESS FORM
DBO-ESC 17213.1 (New 08-20)



Financial Code section 17213.1 provides that an escrow agent's business shall not be removed from the premises or address shown on the license without the prior approval of the commissioner, and notice of any intended change shall be transmitted to the commissioner not less than 30 days prior to the date of the intended change of location. Financial Code section 17213.2 provides that the commissioner may assess a penalty on a licensed escrow agent which changes its business location or locations without first obtaining the approval of the commissioner for a sum of up to one hundred dollars (\$100) for every day for the first 10 days and ten dollars (\$10) for every day thereafter during which the changed location is maintained without authority.

Your change of address request must be received by the Department 30 days prior to the date of your intended move or the above penalty will be assessed. If your change of address is for your principal or main location, you must submit an original rider from your surety bond company reflecting your new location. Your request cannot be processed without the submission of this rider. **Submit one completed form per location.**

Name of Licensee: _____

License No: _____

Provide the name, title, address, email address, and telephone number of the person to contact regarding this request. The amended license will also be mailed to this person unless otherwise instructed. The contact person must be a responsible officer or compliance person from the main office of the company.

Attention: _____
(Name) (Title)

(Number and Street) (City) (State) (Zip Code)

(Email Address) (Telephone Number)

Change of address is for: Main Office Branch

If Main Office Location, provide Surety Bond No.: _____

Bond Rider attached? Yes No

Current Address: _____

Proposed New Address: _____

Effective Date of Change: _____

I declare under penalty of perjury that I have read the form and know the contents thereof, and that the statements therein are true and correct.

****This Change of Address Form must be signed by an officer who has PREVIOUSLY completed and submitted a Statement of Identity and Questionnaire. No other officer is authorized to sign this document on behalf of the applicant.***

Executed at: _____
(City, County, State)

(Signature of Declarant)*

(Typed Name of Declarant)

Date: _____

(Title of Declarant)