

SETTLEMENT AGENT OFFICIAL REGISTRATION FORM
FOR A TITLE AGENT
VIRGINIA BUREAU OF INSURANCE

REGISTRATION FEE - \$35.00

Please make check payable to the "Treasurer of Virginia"

License# _____

Full name: Mr. _____
Miss _____
Mrs. _____
Ms. _____

_____	_____	_____
First Name	Middle Name	Last Name

Business Address: _____
(Required) Firm Name

Street Address

Street Address

City, State, Zip+4

(_____) _____ (_____) _____

Telephone Facsimile

Email

I certify the information provided above is true, accurate, and I will keep the Bureau advised of any changes in the information provided within 30 days in accordance with Virginia Code Section 38.2-1826.

Signature: _____ Date: _____

AS A REAL ESTATE SETTLEMENT AGENT YOU NEED TO BECOME FAMILIAR WITH THE BUREAU'S LAWS AND REGULATIONS AT WWW.SCC.VIRGINIA.GOV/BOI AND THE UPL GUIDELINES, AVAILABLE ON THE BAR'S WEBSITE AT WWW.VSB.ORG , AND VA CODE § 17.1-223.

Please complete this form and return with registration fee and attachments to: Virginia Bureau of Insurance, RESA Investigation Section 3rd Floor, 1300 East Main Street, Richmond, VA 23219-2800. Questions (804) 371-9465.

- *Attachments: Original Surety Bond
 Proof and/or Certification of E&O Insurance
 Proof and/or Certification of Employee Dishonesty Policy, Fidelity Bond, or Waiver

*see <http://www.scc.virginia.gov/boi/pro/formapp.aspx>