

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
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Business Address: \_\_\_\_\_  
(Required) Firm Name

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

(\_\_\_\_\_) Telephone \_\_\_\_\_ (\_\_\_\_\_) Facsimile \_\_\_\_\_

Email \_\_\_\_\_

I certify that the information provided above is true and accurate, that I will keep the Bureau advised of any changes in the information provided, and that I understand completion of this official registration form does not complete my public protection requirements as a settlement agent under the **Virginia Consumer Real Estate Settlement Protection Act** and regulations under the act which may be issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AS A CRESPA SETTLEMENT AGENT YOU NEED TO BECOME FAMILIAR WITH THE BUREAU'S CRESPA REGULATIONS AT [WWW.SCC.VIRGINIA.GOV/BOI](http://WWW.SCC.VIRGINIA.GOV/BOI) AND THE UPL CRESPA GUIDELINES, AVAILABLE ON THE BAR'S WEBSITE AT [WWW.VSB.ORG/SITE/REGULATION/CRESPA](http://WWW.VSB.ORG/SITE/REGULATION/CRESPA), AND VA CODE § 17.1-223.

**Please complete this form and return with registration fee and attachments to:** Virginia Bureau of Insurance, 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/division/boi/webpages/crespa/reqtsa.htm>