

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

REGISTRATION FEE - \$15.00

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 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) 371-9322.

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