

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.	First Name	Middle Name	Last Name
	Miss			
	Mrs.			
	Ms.			

Business Address:
(Required) _____

Street Address

Street Address

City, State, Zip+4

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