

CALIFORNIA ESCROW ASSOCIATION PROFESSIONAL DESIGNATION APPLICATION

The undersigned hereby makes application for: *(please circle)* CEO (\$225) CSEO (\$225) CEI (\$125) CMHS (\$225) CBSS (\$225) CET (\$150)

I presently hold the following designations: *(please circle)* CET CEO CSEO Date Acquired _____

NAME _____ Bus. Telephone (_____) _____

PD Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ CEA Region _____

Any other name you have used since joining CEA _____

CURRENT EMPLOYER

Employer's Name _____

Immediate Supervisor _____

Employer's Address _____

Supervisor's Address *(If other than above)* _____

City _____

State _____ Zip _____

City _____

State _____ Zip _____

Bus. Telephone (_____) _____

ESCROW EMPLOYMENT HISTORY TO SUPPORT YEARS REQUIREMENT *(Please show present employment first.)*

Company Name	Address	From Month/Day/Yr. - To Month/Day/Yr.
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

DOCUMENTATION REQUIRED--To support this application, the following materials must be included. *(Please check those that apply.)*

Employer's Verification Letter Enclosed From each employer listed above.
 Transcript of College Credits or CEA Approved Courses _____ Enclosed herewith
 Copy of CEA Education Achievement Award _____ Enclosed herewith

I certify under penalty of perjury that the foregoing is true and correct. I agree to follow all rules and regulations of the California Escrow Association and my Regional Association. I FURTHER UNDERSTAND THAT IN THE EVENT I AM NOT A MEMBER IN GOOD STANDING, I WILL NO LONGER BE ENTITLED TO ANY PROFESSIONAL DESIGNATION AND WILL NOT USE SAME IN SUCH AN EVENT. IN ADDITION, I UNDERSTAND THAT IN ORDER TO MAINTAIN MY PROFESSIONAL DESIGNATION, I MAY BE SUBJECT TO CONTINUING EDUCATION REQUIREMENTS.

Check for \$ _____ enclosed, payable to CEA to cover examination on _____ at _____
(Date) (Location)

Date _____ Applicant's Signature _____

Applicant Name: _____ Designation applied for: _____

FOR STATE ASSOCIATION USE ONLY

Date: _____ Approved/Rejected _____
Professional Designation Portfolio Chair

Date: _____ Approved/Rejected _____
CEA Headquarters

California Escrow Association

Application Requirements for a Professional Designation

Applicant must be a member of the California Escrow Association.

CERTIFIED SENIOR ESCROW OFFICER

1. Nine (9) years escrow experience in the respective field within the immediate preceding thirteen (13) years; or
2. Eight (8) years escrow experience in the respective field within the immediate preceding thirteen (13) years, and the completion of Escrow I, II and III at a community college (official transcripts must be presented) or through a CEA sponsored course (properly documented) with a "C" average or better; or
3. Seven (7) years escrow experience in the respective field within the immediate preceding 13 years and completion of college courses to qualify for CEA's Education Achievement Award. Either copy of award must be presented or application submitted to and approved by CEA **prior to date of this application**, along with the request for Verification of Employment (VOE). VOE forms are available from regional Professional Designation Chair, CEA Headquarters or the website - www.ceaescrow.org.

CERTIFIED ESCROW OFFICER

1. Four (4) years escrow experience in the respective field within the immediate preceding seven (7) years; or
2. Three (3) years escrow experience in the respective field within the immediate preceding seven (7) years, and the completion of Escrow I and II at a community college (official transcripts must be presented) or through a CEA-sponsored course (properly documented) with a "C" average or better: or
3. Two (2) years escrow experience in the respective field within the immediate preceding seven (7) years and completion of college courses to qualify for CEA's Education Achievement Award. Either a copy of award must be presented or application submitted to and approved by CEA **prior to date of this application**, along with the request for Verification of Employment (VOE). VOE forms are available from regional Professional Designation Chair, CEA Headquarters or the website - www.ceaescrow.org.

CERTIFIED ESCROW TECHNICIAN

1. One (1) year escrow experience in the respective field within the immediate preceding year.

CERTIFIED MOBILE HOME SPECIALIST OR CERTIFIED BULK SALES SPECIALIST

Applicants must meet the same requirements as the Certified Escrow Officer Designation above.

TIME WORKED IN ALLIED INDUSTRIES will be credited up to one-half of the actual experience towards the total experience required PROVIDED the applicant has been employed in escrow in California continuously for the two (2) year period immediately preceding the application date.

TIME WORKED IN OTHER STATES which meets all criteria set out herein and is evidenced by proper letter verification will be accepted PROVIDED the applicant has been employed in escrow in California continuously for the twelve (12) month period immediately preceding the date of this application. No allowance will be made for educational achievements in other states.

Each application must contain:

1. Request for VOE form or letter of verification from each of the employers on the employers' letterhead for the qualifying time. The letters must be specific as to escrow job duties and time of employment (month, day, year). If impossible to obtain from a previous employer, a notarized statement from an individual aware of the employment may be given, **provided said employer is no longer in business.**
2. Check for prevailing examination fee payable to the California Escrow Association, **which is nonrefundable.**
3. All qualifications must be verified as of, or prior to, date of this application. **NO EXCEPTIONS WILL BE MADE.**
4. In the event information in this application is false, such false information shall constitute grounds for denial of the application; or in the event professional designation has been granted, shall constitute grounds for revocation of such professional designation. The Professional Designation Committee has the right to take any action it deems appropriate.
5. Application **must be received** by the California Escrow Association Headquarters office on the first day of the month preceding the desired test date month to allow sufficient time to confirm employment history. (i.e. Test date 6/15, application must be received by 5/1). Candidate must be qualified for designation applied for as of the date of the application.

Upon approval of your application, you will be notified of day, time, and place of the examination and any other pertinent information.

California Escrow Association Request for Verification of Employment

To: _____

 Attn: _____

APPLICANT FOR:
 _____ Certified Escrow Officer (CEO)
 _____ Certified Senior Escrow Officer (CSEO)
 _____ Test Specialty type _____
 _____ Certified Escrow Technician (CET)

I, _____, have applied for Certification by the California Escrow Association, which requires verification of my present and/or previous employment on this form. My signature below authorizes you to release this information.

Signature: _____ Date _____

Verification of Employment

Note: The information provided must be specific as to dates, and presumes a 40-hour week, 50 weeks a year at an escrow office/escrow department, as an escrow manager, escrow officer, junior escrow officer or secretary, unless otherwise specified.

If experience is other than above, please specify on back or attach additional pages verifying hours worked (presuming five day work week), where worked (if not in the office), days of the week worked (presuming eight hour day), type of work performed.

PERIOD OF EMPLOYMENT

From _____	To _____
Month/Day/Year	Month/Day/Year
From _____	To _____
Month/Day/Year	Month/Day/Year

JOB CLASSIFICATION

Escrow Manager	Escrow Officer	Junior Escrow Officer	
Escrow Secretary	Other (Be Specific) _____		

TYPES OF ESCROW HANDLED

Residential Resale	Bulk Sales	Tracts	
Exchanges	Mobilehomes	Commercial/Industrial	
Refi's	Other (Be Specific) _____		

I certify under penalty of perjury that the above information is true and correct based upon the following:

_____ Personal Knowledge _____ Employment records as of (date): _____

Company Name _____ Telephone (____) _____

By: _____ Title _____

Name Printed: _____

This form must be notarized ONLY if signed by a person certifying the information based on personal knowledge.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____, A Notary Public personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Attached to Verification of Employment for which company: _____