

THE OREGON ESCROW COUNCIL, INC.



PROFESSIONAL DESIGNATION APPLICATION

RETURN TO: **Your Chapter Professional Designation Chairperson**

Name: _____

Address: _____

Telephone: Home _____ Work _____ Ext _____

I certify that I am a current member of the _____ Chapter and hereby make application for the following professional designation:

CES CET CEO CSEO CCEO CSCEO

I presently hold the following professional designation(s): Designation # _____

CES CET CEO CSEO CCEO CSCEO None

Employment: (please show CURRENT employer first) [If additional space is required, add separate piece of paper.]

1. Company _____ From/To (Mth/Yr) _____

Address _____ Job Title _____

2. Company _____ From/To (Mth/Yr) _____

Address _____ Job Title _____

3. Company _____ From/To (Mth/Yr) _____

Address _____ Job Title _____

4. Company _____ From/To (Mth/Yr) _____

Address _____ Job Title _____

5. Company _____ From/To (Mth/Yr) _____

Address _____ Job Title _____

I do hereby certify that I have read and understand The Oregon Escrow Council, Inc., Creed and that I shall be guided and bound by it. I agree to follow all rules and regulations of The Oregon Escrow Council, Inc. and my regional Chapter. I further understand that, in the event I am not a member in good standing of a regional chapter, I will no longer be entitled to use any Professional Designation I have earned.

Date: _____ Applicant's Signature _____

ENCLOSURES: (1) Fee of \$30.00; (2) Letter verification from each employer as to qualifying time. Letters must be specific as to job duties and month and year of employment. If impossible to obtain, a notarized statement from individual or company aware of the employment may be given. (3) If I have taken and passed Escrow I and/or Escrow II, I am enclosing copies of the Certificate(s) of Completion.

The Professional Designation Committee of the _____ Chapter has reviewed the information given, recommends acceptance of the application and certifies this applicant to be an escrow member in good standing of this Chapter.

REV 07.01.07

Chapter Chair

FOR STATE P.D. USE ONLY

STATE PROFESSIONAL DESIGNATION COMMITTEE

Date _____

Approved: _____

Chairperson

Rejected: _____

Member

Conditional _____

Member