



STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

CHECK CASHER/CHECK SELLER/SMALL LOAN ENDORSEMENT AMENDMENT APPLICATION

Use this form for name, trade name, or address changes.

INSTRUCTIONS for Name, Trade name, and address changes:

1. **IF YOU HAVE A CHECK SELLER AND/OR A SMALL LOAN ENDORSEMENT BOND**, contact your insurance company to obtain a rider to your bond changing the address/name or to add/remove trade name(s). Forward the original, signed and sealed, rider to this office.
2. Contact the Washington State Department of Revenue, Business Licensing Service (BLS) at 1-800-451-7985, to change the address/name, or add/remove trade name(s) (DFI will verify with BLS that the above changes have been made).
3. Contact the Washington Secretary of State (SOS) at 360-753-7115 to **change the name of a corporation, partnership, or LLC only** (DFI will verify with SOS that the name change has been made).
4. Forward this form (with attachments if needed) to the above address.
5. DFI may request additional documentation after review of your file.

INSTRUCTIONS for Officer Changes and Ownership Changes (Changes of Control):

To add an officer, do not submit this form. Instead, submit a cover letter with a completed Individual Background Form <http://dfi.wa.gov/cs/pdf/individual-background-form.pdf> and personal financials for the officer. To remove an officer, please submit a cover letter advising the individual removed and the date of removal.

If requesting a change of control/change of ownership, do not submit this form. Instead, contact the Department to request assistance at 360-902-8703 or at dcs@dfi.wa.gov. **Please note that some changes of ownership require a complete reapplication.**

COMPANY NAME: _____

LICENSE NUMBER: _____

CONTACT PERSON: _____

PHONE NUMBER/FAX: () _____

EMAIL ADDRESS _____

**CHECK CASHER/CHECK SELLER/SMALL LOAN ENDORSEMENT
AMENDMENT APPLICATION FORM**

PLEASE CHECK APPLICABLE BOX:

- | | |
|---|---|
| <input type="checkbox"/> MAIN OFFICE ADDRESS CHANGE | <input type="checkbox"/> BRANCH OFFICE ADDRESS CHANGE |
| <input type="checkbox"/> MAIN OFFICE NAME CHANGE | <input type="checkbox"/> BRANCH OFFICE NAME CHANGE |
| <input type="checkbox"/> ADD TRADE NAME(S) OR DBA | <input type="checkbox"/> REMOVE TRADE NAME(S) OR DBA |
| | <input type="checkbox"/> OTHER (explain) |

LICENSE NUMBER: _____ **EFFECTIVE DATE OF CHANGE** _____

PREVIOUS INFORMATION:

COMPANY NAME *TRADE NAME or DBA*

PHYSICAL ADDRESS *CITY, COUNTY, STATE, ZIP*

MAILING ADDRESS *CITY, COUNTY, STATE, ZIP*

BOOKS AND RECORDS ADDRESS *CITY, COUNTY, STATE, ZIP*

TELEPHONE NUMBER *FAX NUMBER* *E-MAIL ADDRESS*

BUSINESS STRUCTURE CORPORATION PROPRIETORSHIP PARTNERSHIP LLC OTHER _____

NEW INFORMATION:

COMPANY NAME *TRADE NAME or DBA*

PHYSICAL ADDRESS *CITY, COUNTY, STATE, ZIP*

MAILING ADDRESS *CITY, COUNTY, STATE, ZIP*

BOOKS AND RECORDS ADDRESS *CITY, COUNTY, STATE, ZIP*

TELEPHONE NUMBER *FAX NUMBER* *E-MAIL ADDRESS*

BUSINESS STRUCTURE CORPORATION PROPRIETORSHIP PARTNERSHIP LLC OTHER _____

AUTHORIZATION FOR VERIFICATION FORM- COMPANY

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction for a check casher, a check seller and or a small loan endorsement, or for the of conducting an investigation in accordance with chapter 31.45 Revised Code of Washington.

BY: _____
Signature of Authorized Official

Date

Printed name of Authorized Official

Title