

**WASHINGTON MONEY SERVICES  
AUTHORIZED DELEGATE FORM  
MONEY TRANSMITTER AND CURRENCY EXCHANGER**

- MONEY TRANSMITTER  
 CURRENCY EXCHANGER

Applicant/Licensee Name: \_\_\_\_\_

License Number (*if already licensed*):      550-MT- \_\_\_\_\_      550-CE- \_\_\_\_\_

Desired Effective Date (MM/DD/YYYY): \_\_\_\_\_

**FEES**

ADD AN AUTHORIZED DELEGATE:

- FIRST LICENSE APPLICATION - \$100 EACH (UP TO A MAXIMUM OF \$5,000)  
 ALREADY LICENSED - \$50 EACH (UP TO A MAXIMUM OF \$5,000)

REMOVE AN AUTHORIZED DELEGATE – NO FEE REQUIRED

CHANGE ADDRESS OR NAME OF EXISTING AUTHORIZED DELEGATE - \$30 EACH

Make check Payable To:  
"WASHINGTON STATE TREASURER"

"Authorized Delegate" means a person/location a licensee designates to provide money services on behalf of the licensee. The definition of Authorized Delegate includes all company owned outlets.

- APPLICANT OWNED AUTHORIZED DELEGATE  
 APPLICANT'S SUBSIDIARY

- INDEPENDENT AUTHORIZED DELEGATE  
 APPLICANT'S AFFILIATE

**1.** Exact name, physical address, mailing address, contact name, telephone numbers, and fax number of delegate.

(A) Entity name  
(sole proprietors provide last, first, and full middle name)

(B) Trade Name or DBA

(C) Business address: (Do not use a P.O. Box)

\_\_\_\_\_  
Number & Street                      City                      State / Province & Country                      Zip+4 / Postal Code

(D) Mailing address, if different from Business address:

\_\_\_\_\_  
PO Box or Number & Street                      City                      State / Province & Country                      Zip+4 / Postal Code

(E) Contact Employee: (REQUIRED)

\_\_\_\_\_  
Name and Title                      (     ) -     ext     (     ) -     Fax Line                      e-mail address

\_\_\_\_\_  
PO Box or Number & Street                      City                      State / Province & Country                      Zip+4 / Postal Code

(F) For each mobile facility:      Vehicle Identification Number (VIN) \_\_\_\_\_

**AUTHORIZATION FOR VERIFICATION – LICENSEE**

I, the undersigned officer of the Licensee, hereby affirm that I have full authority to sign and verify this application, that I have read this application and have knowledge of the information stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

BY: \_\_\_\_\_  
Signature of Authorized Official                      Date

\_\_\_\_\_  
Printed Name of Authorized Official                      Title

Please indicate:      Prior 12-months Money Transmissions Receipts \_\_\_\_\_

Total number of company's authorized delegates, including this application \_\_\_\_\_

**First License Applicants:** You must enclose a sample contract for independent authorized delegates, including the method used to screen delegates for criminal history and a sample of any screening forms used.

Note: If you are an applicant with many authorized delegates to add or delete, to expedite processing you may attach a list or spreadsheet to this form which includes all of the information required above (rather than submitting multiple copies of this form).